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Malca Chall, Director
Kaiser Permanente Medical Care Program
Oral History Project

23 January 1987
Regional Oral History Office
Berkeley, California

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Regional Oral History Office
The Bancroft Library

University of California
Berkeley, California

Kaiser Permanente Medical Care Program Oral History Project

Alice D. Friedman, M.D.

HISTORY OF THE KAISER PERMANENTE MEDICAL CARE PROGRAM

An Interview Conducted By
Sally Smith Hughes
in 1986

It is recommended that this oral history be cited as follows:

> Alice D. Friedman, M.D., "History of the Kaiser Permanente Medical Care Program," an oral history conducted in 1986 by Sally Smith Hughes, Regional Oral History Office, The Bancroft Library, University of California, Berkeley, 1987.

ALICE D. FRIEDMAN, M.D.

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PREFACE

Background of the Oral History Project

The Kaiser Permanente Medical Care Program recently observed its fortieth anniversary. Today, it is the largest, one of the oldest, and certainly the most influential group practice prepayment health plan in the nation. But in 1938, when Henry J. and Edgar F. Kaiser first collaborated with Dr. Sidney Garfield to provide medical care for the construction workers on the Grand Coulee Dam project in eastern Washington, they could scarcely have envisioned that it would attain the size and have the impact on medical care in the United States that it has today.

In an effort to document and preserve the story of Kaiser Permanente's evolution through the recollections of some of its surviving pioneers, men and women who remember vividly the plan's origins and formative years, the Board of Directors of Kaiser Foundation Hospitals sponsored this oral history project.

In combination with already available records, the interviews serve to enrich Kaiser Permanente's history for its physicians, employees, and members, and to offer a major resource for research into the history of health care financing and delivery, and some of the forces behind the rapid and sweeping changes now underway in the health care field.

A Synopsis of Kaiser Permanente History

There have been several milestones in the history of Kaiser Permanente. One could begin in 1933, when young Dr. Sidney Garfield entered fee-for-service practice in the southern California desert and prepared to care for workers building the Metropolitan Water District aqueduct from the Colorado River to Los Angeles. Circumstances soon caused him to develop a prepaid approach to providing quality care in a small, well-designed hospital near the construction site.

The Kaisers learned of Dr. Garfield's experience in health care financing and delivery through A. B. Ordway, Henry Kaiser's first employee. When they undertook the Grand Coulee project, the Kaisers persuaded Dr. Garfield to come in 1938 to eastern Washington State, where they were managing a consortium constructing the Grand Coulee Dam. Dr. Garfield and a handful of young doctors, whom he persuaded to join him, established a prepaid health plan at the damsite, one which later included the wives and children of workers as well as the workers themselves.

During World War II, Dr. Garfield and his associates--some of whom had followed him from the Coulee Dam project--continued the health plan, again

at the request of the Kaisers, who were now building Liberty Ships in Richmond, California, and on an island in the Columbia River between Vancouver, Washington and Portland, Oregon. The Kaisers would also produce steel in Fontana, California. Eventually, in hospitals and field stations in the Richmond/Oakland communities, in the Portland, Oregon/Vancouver, Washington areas, and in Fontana, the prepaid health care program served some 200,000 shipyard and steel plant employees and their dependents.

By the time the shipyards shut down in 1945, the medical program had enough successful experience behind it to motivate Dr. Garfield, the Kaisers, and a small group of physicians to carry the health plan beyond the employees of the Kaiser companies and offer it to the community as a whole. The doctors had concluded that this form of prepaid, integrated health care was the ideal way to practice medicine. Experience had already proven in the organization's own medical offices and hospitals the health plan's value in offering quality health care at a reasonable cost. Many former shipyard employees and their families also wanted to continue receiving the same type of health care they had known during the war.

Also important were the zeal and commitment of Henry J. Kaiser and his industry associates who agreed with the doctors about the program's values and, despite the antagonism of fee-for-service medicine, were eager for the success of the venture. Indeed, they hoped it might ultimately be expanded thoughout the nation. In September, 1945, the Henry J. Kaiser Company established the Permanente Health Plan, a nonprofit trust, and the medical care program was on its way.

Between 1945 and the mid-1950s, even as membership expanded in California, Oregon, and Washington, serious tensions developed between the doctors and the Kaiser-industry dominated management of the hospitals and health plan. These tensions threatened to tear the Program apart. Reduced to the simplest form, the basic question was, who would control the health plan--management or the doctors? Each had a crucial role in the organization. The symbiotic relationship had to be understood and mutually accepted.

From roughly 1955 to 1958, a small group of men representing management and the doctors, after many committee meetings and much heated debate, agreed upon a medical program reorganization, including a management-medical group contract, probably then unique in the history of medicine. Accord was reached because the participants, despite strong disagreements, were dedicated to the concept of prepaid group medical practice on a self-sustained, nonprofit basis.

After several more years of testing on both sides, a strong partnership emerged among the health plan, hospitals, and physician organizations. Resting on mutual trust and a sound fiscal formula, the Program has attained a strong national identity.

The Oral History Project

In August 1983, the office of Donald Duffy, Vice President, Public and Community Relations for Kaiser Foundation Health Plan and Hospitals, contacted Willa Baum, director of the Regional Oral History Office, about a possible oral history project with twenty to twenty-four pioneers of the Program. A year later the project was underway, funded by Kaiser Foundation Hospitals' Board of Directors.

A project advisory committee, comprised of seven persons with an interest in and knowledge of the organization's history, selected the interviewees and assisted the oral history project as needed. Donald Duffy assumed overall direction and Darlene Basmajian, his assistant, served as liaison with the Regional Oral History Office. Committee members are John Capener, Dr. Cecil Cutting, Donald Duffy, Robert J. Erickson, Scott Fleming, Dr. Paul Lairson, and Walter Palmer.

By year's end, ten pioneers had been selected and had agreed to participate in the project. They are Drs. Cecil Cutting, Sidney Garfield, Raymond Kay, Clifford Keene, Ernest Saward, and John Smillie, and Messrs. Frank Jones, George Link, Eugene Trefethen, Jr., and Avram Yedidia.

By mid-1985 an additional ten had agreed to participate. They are: Drs. Morris Collen, Wallace Cook, Alice Friedman, Benjamin Lewis, Sam Packer, Bill Reimers, Harry Shragg, and David Adelson, Lambreth (Handy) Hancock, and Berniece Oswald.

Plans to interview Dr. Garfield and Dr. Wallace Neighbor, who had been at Grand Coulee with Dr. Garfield, were sadly disrupted by their deaths a week apart in late 1984. Fortunately, both men had been previously interviewed. Their tapes and transcripts are on file in the Central Office of the medical care program. Similarly the project lost Karl Steil due to his lengthy illness and death in 1986.

The advisory committee suggested 1970 as the approximate cutoff date for research and documentation, since by that time the pioneering aspects of the organization had been completed. The Program was then expanding into other regions, and was encountering a new set of challenges such as Medicare and competition from other health maintenance organizations.

Research

Kaiser Permanente staff and the interviewees themselves provided excellent biographical sources on each interviewee as well as published and unpublished material on the history of the Program. The collected papers of Henry J. Kaiser on deposit in The Bancroft Library were also consulted. The oral history project staff collected other Kaiser Permanente publications, and started a file of newspaper articles on current health care topics. Most of this material will be deposited in The Bancroft Library with the oral history volumes. A bibliography is located at the end of the volume.

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Malca Chall, Director
Kaiser Permanente Medical Care Program
Oral History Project

23 January 1987
Regional Oral History Office
Berkeley, California

INTERVIEW HISTORY

Alice Dershimer Friedman was interviewed by the Regional Oral History Office because of her lengthy career as a woman physician in the Kaiser Permanente Medical Care Program. At first reluctant to be interviewed ("A waste of your time and my time"), she was persuaded that her viewpoints as a female doctor on the day-to-day practice of medicine would be worthwhile contributions to the oral history series.

Dr. Friedman and her first husband, David de Kruif, the son of the popular medical writer, Paul de Kruif, arrived at Kaiser Foundation Hospital, Oakland in 1947 to complete their residency training. Divorced a few years later, she spent her first years as a staff pediatrician (1952-1955) at Walnut Creek where she watched the center grow from a makeshift clinic to a full-blown medical facility with a hospital considered the showpiece of the Kaiser Permanente system.

From 1955 to 1966 Dr. Friedman practiced pediatrics on a part-time basis, a compromise resulting from the tensions of juggling a demanding career, a second marriage (to Joseph Friedman, a Kaiser engineer), and management of a household. Returning to full-time medical practice in 1966 but dissatisfied with what she perceived as the inertia of the field of pediatrics, she began a year's residency in allergy at Kaiser Foundation Hospital, San Francisco. There she worked under Dr. Benjamin Feingold, a commanding presence and the originator of the Feingold diet which eliminates artificial substances. Upon completing her residency, she spent three years at Kaiser Foundation Hospital in Vallejo. In 1970 she returned to the San Francisco hospital where she spent the next fifteen years until her retirement in 1985.

Although at ease and quick to laugh during the interview sessions, Dr. Friedman, it was apparent, had been a feisty and determined exponent, to a sometimes unresponsive administration, of her needs as a physician and married woman. The contentious reorganization of the Kaiser Medical Care Program in the 1950s, of such moment to other physicians and administrators interviewed in this series, seems to have had little direct impact, at least from Dr. Friedman's account, on practitioners such as herself, preoccupied with routine medical care.

Two interviews of over two hours each were conducted on January 23 and February 4, 1986, in the living room of the Friedmans' home of many years in Orinda. Before each interview, Dr. Friedman received an outline of the topics suggested for discussion. Dressed in slacks and sweater, and tan and fit from a vacation in Tahiti, Dr. Friedman discussed her background and career in relaxed and candid fashion. At the conclusion of the interviews, she volunteered that they had not been the ordeal she had anticipated.

The interviews were lightly edited and sent to Dr. Friedman who reviewed them, making only minor corrections and additions. They add to the interview series a dimension otherwise missing: a view of the Kaiser Permanente Medical Care Program from the standpoint of a physician who did not aspire to an administrative position and yet made her mark as a dedicated physician and a woman who stood firm in her demands.

Sally Smith Hughes
Interviewer/Editor

4 May 1987
Regional Oral History Office
486 The Bancroft Library
University of California at Berkeley

Regional Oral History Office
Room 486 The Bancroft Library

University of California
Berkeley, California 94720

BIOGRAPHICAL INFORMATION

(Please print or write clearly)

Your full name ALICE DERSHIMER FRIEDMAN

Date of birth 9/30/20 Place of birth Montgomery, Ala

Father's full name Frederick W. Dershimer

Birthplace Beaver Falls, Pa

Occupation Physician (Psychiatrist)

Mother's full name Susan E. Phillips Dershimer

Birthplace Philadelphia, Pa

Occupation Housewife

Where did you grow up ? Philadelphia, Pa

Present community ORINDA, Ca

Education Bryn Mawr College, Bryn Mawr, Pa; BA 1942
Yale University School of Medicine New Haven, Conn. MD 194
(See separate sheet for post-grad.) Training

Occupation(s) Physician (Pediatrician, Allergist)
Retired 1985

Special interests or activities Birdwatching, gardening,
snorkeling

Post-graduate Training

New Haven Hosp, N. H, Conn
Pedi. Intern 1945-46
" Resident 1946-47
Kaiser Found. Hosp, Oakland, Ca
Pedi. Resident 1947-48
Denver General Hosp, Colorado
Pedi. Resident 1950-51
Kaiser Found. Hosp, San Francisco, Ca
Allergy Resident 1966-67

Certified ① Pediatrics (Amer Bd of) 1952
② Allergy (Amer Bd of Pedi-Al) 1970
③ Allergy (Amer Bd of Allergy & Immunology 1972

I FAMILY BACKGROUND AND EDUCATION

[Interview 1: January 23, 1986]##

Relatives

Hughes: Dr. Friedman, I want to start way back with your grandparents on both sides. Can you say a little about where they came from and what their names and professions were?

Friedman: Yes. On my father's side, my grandparents were mostly Scotch-Irish and lived in western Pennsylvania. On my father's side, my grandfather's name was William Samuel Dershimer, and he had lived in western Pennsylvania near Pittsburgh, a place called Beaver Falls, as I recall, where my father was born. I've never been in that particular area. My grandmother's maiden name, as I recall, was McNutt. [laughter] Or maybe that was her mother's name. She also was from western Pennsylvania. My grandfather and grandmother had a small store in Ohio that I know of. Other than that, I don't know what my grandfather did. At one point he worked in a shovel factory in western Pennsylvania, in Beaver Falls. Other than that, I don't know. He had three children, of whom my father, Frederick Dershimer, was the oldest. There was one girl, Lucy, who died a few years ago, like fifteen or twenty. My father died about twelve years ago in eastern Pennsylvania.

On my mother's side, both her parents came from Ireland during the potato famines and went to eastern Pennsylvania to the mining area around Scranton. My grandmother had thirteen daughters and no sons. [laughs] And the only profession I know for my grandfather was that he was recorder of wills and deeds in Wilkes-Barre, Pennsylvania, which is a mining area. I don't

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##This symbol indicates that a tape or a segment of a tape has begun or ended. For a guide to the tapes see page 89.

Friedman: know what he did when they moved to the Philadelphia area, which is where they did move to when my mother was still in school. It was a place called Manayunk, which is an interesting word, an Indian name, but it's actually incorporated in Philadelphia now.

My parents met in Philadelphia. My mother [Susan E. Phillips] went to what was called a school of design; it was for people with artistic talent, which she had. So instead of going to high school, she did that sort of thing. My father went to Jefferson Medical School in Philadelphia and that was where they met.

Hughes: How did he come to enter medicine?

Friedman: I couldn't tell you that. I really don't know. He said his mother expected him to be a minister. They belonged, I think, to a very strict Dutch Reform church and she expected him to be a minister. The only thing that came out of it, as far as I know, was that [laughs] he always sang hymns. Usually not reverently. But he always sang hymns. He found them apropos to a number of situations.

He was graduated in 1916 from Jefferson Medical School. The medical education at that time was such that he actually never finished high school, but went for a couple of years to what we would now probably call a junior college or community college, and that was enough for him to get into medical school.

Hughes: What was his specialty?

Friedman: He was a psychiatrist. I think his training was the haphazard sort of thing that it was in those days, and at first he did locum tenens work because he and my mother were married when he was just out of medical school. I think on graduation they married. And so for the first five years he took other people's practices and held them down while they did other things. My mother always used to say she moved thirty-five times in five years and [laughs] it was not an easy process.

Hughes: And he would practice psychiatry in those positions?

Friedman: No, no, at that time he was just doing general practice. Then, not too long after that, he was with the Rockefeller Foundation and his work was in the field, doing work on hookworm disease in various South American places, including British Guiana, where he and my mother spent two or three years. And he made up songs for that, too. [laughter] He always liked to have songs that were apropos, and he would use them for teaching or comment or whatever. So that was what came out of that.

Hughes: Did he have a good voice?

Friedman: Not particularly--pretty gravelly. [laughter] But I liked the sound. What else? After that, he went to Paris for, I don't know, a few months and was a pupil or was more or less analyzed by Otto Rank, who was one of the early psychiatrists--one of the Freudian psychiatrists. But I think somewhat different.

I think his premise was that everything that was psychologically wrong with you was due to the trauma of birth. Well, that's sort of a defeatist [laughs] thing, because after all everybody has to go through that and once it's happened, what can you do? I don't think that my father was very particularly taken by that theory and certainly never had a philosophy that was based on that sort of teaching.

Hughes: Did he have any particular philosophy?

Friedman: Yes, he did. His idea was that people who are in authority should tell others, who are subservient, what they should do. And then if you are told what to do, and you know what to do and do it, then you're in pretty good mental health.

It was interesting that he was able to put this to use in later years. First, he was at a mental hospital near New York--Kings County, as I recall--and then worked with Jersey City. Now at that time Jersey City had a Mayor Hague who was sort of a dictator, I think. He was quite well-known, and Jersey City was a troubled area, even then. He was able to dictate the way things should be and was able to accomplish quite a bit. My father, whom I usually refer to as Freddie, worked the schools primarily, dealing with troubled children and juvenile delinquents, as they're called these days, and was able to help quite a few of them, he thought.

After that, when World War II came along, he had a good friend who was with Lukens Steel, which is in Coatesville, Pennsylvania, and his friend got Fred to move down there and work with Lukens Steel to try to help them with their problems with workers. This was during World War II. After that, Fred went with DuPont and did the same sort of thing at DuPont in Wilmington. He always said that the reason they wanted a psychiatrist was that the man who invented nylon had committed suicide and they thought, you know, what a tragic waste. [laughs] If he invented nylon, he could invent something else. After all, nylon has really changed our lives--putting it mildly.

Friedman: There he felt that he was successful because, among other things, he was able to keep people who were obviously schizophrenic working productively, as long as they had clearly rigid rules. As long as there was a very well-structured situation, they could work and produce.

Hughes: Was it unusual in those days for a corporation to have a psychiatrist?

Friedman: Oh, yes. I think DuPont was one of the first large companies to do it, and I know that for a smallish company like Lukens Steel to have a psychiatrist was really unheard of. But my father's friend, Everett Chapman, who was an engineer, felt that the management at Lukens was really interfering and was preventing them from producing, rather than producing.

Hughes: What was your mother's role in all this? Did she pursue her art?

Friedman: Well, my parents were divorced when I was about a year old, so I was raised with my mother and didn't get to know my father much until after she died, when I was about twenty. So this [account of my father] is more from the later years. And, in a way, it was nice because my father and the stepmothers... Well, anyhow, he married, I think, a total of four times. [laughs] But the stepmother I had then was an active social worker when I first knew her. They didn't treat me like a child; they had never had to tell me, wipe my nose and all the rest, you know, wash my hands. And so it was always on a more adult level because I was already in college and so on.

Hughes: Do you have brothers and sisters?

Friedman: I have one brother, John Dershimer, three years older than I am, who has always stayed in the Philadelphia area and was with RCA for quite some time, and then his last fifteen years or so was actually working in a factory. My father once commented that he knew perfectly well when John, my brother, liked something that I wasn't going to like it. [laughs]

Recently, I was talking to my brother on the phone and he said he had a new car that had all sorts of extras on it. I said I had gotten one a few years ago that also had all the extras on it and, to my surprise, I really enjoyed it. He said, well, he liked them all, and I said the one I liked best was cruise control, and he said, well, that's the one I just

Friedman: can't stand. [laughter] And here we are, three thousand miles apart. We're still the same. He's married and has three children, and each of them is married. He has six grandchildren.

Hughes: Do you have grandchildren?

Friedman: No, I never had children.

Hughes: Tell me a little about family life; I'm thinking of the early years, which would have been in your mother's household. How did she support herself?

Friedman: My father sent some money for our support when he could. Sometimes he wasn't making any. You know the later years of the Depression were really difficult --well, a lot of the early ones, too. We lived on a very restricted budget. But I don't mean we were hungry; we were never hungry; we always had a house and heat and all the rest of it. But there wasn't much money.

Hughes: She never worked, then.

Friedman: No. She never worked outside the home. She did do some painting. She did continue to pursue her artwork. Among other things to make money, she used to make and sell Christmas cards. These were all hand-drawn and hand-lettered and she sold them for ten or fifteen cents. These days they'd really be something. But they were beautifully done. She wasn't as much creative as into copying. And I think perhaps she was never trained too much. As a matter of fact, she did this painting here [gestures to painting] which is not particularly creative but it's pleasant.

Grammar and High School

Hughes: What about grammar school?

Friedman: I went to public schools in Philadelphia; went to Kenderton Grammar School and Gillespie Junior High School nearby and then for high school the last three years, went to the Philadelphia School for Girls, which was one of the more elite high schools in the city. We also had the Boys' High School at that time, and they were really college preparatory rather than general. At that time, they didn't mind separating people out by interests and abilities and, you know, what they could take.

Hughes: And by sex, obviously, too.

Friedman: And by sex, right. The high school was largely college preparatory. There were some people who lived in the neighborhood, some girls who came to that school. But they were not really college material and they were given slightly less academic courses. You could also major, I think, in art or music. Music, at least.

Hughes: Had you always assumed that you would go to college?

Family Life

Friedman: Yes.

My mother and her twin were the youngest of the thirteen girls, and so after her mother died and she was divorced... You know, this was an Irish Catholic family and so this was too bad; there was never any thought of remarrying for her. But her sisters kept an eye on her, and when she went to visit them, that was "home." Even though they moved from the houses that she had been raised in, that was home. They lived about six or eight blocks away from where we lived in north Philadelphia at that time. They were always a factor. Two of them taught school. First they were in millinery. Now millinery means hats. They used to make these fancy creations, making hats like that--you've seen them. In the 'teens especially. They made hats like that. Then they taught sewing at a vocational school. It was for girls who weren't making it academically and they went to schools like that. Nowadays, you go to a community college for that sort of thing, but in those days you learned in high school what you now learn in community college. And I think that's true of a lot of things.

Hughes: Were you raised as a Catholic?

Friedman: Yes. I decided when I was quite young that, as soon as my mother wasn't around, that was the end of that. After she died, I didn't go to church and gave it up. My brother also has not kept with the religion as far as I know. His wife was the daughter of a Dutch Reformed minister, actually, from New York state. She was raised there, but she was working in Philadelphia. I don't think that he has kept up with his religion.

Hughes: Was social life pretty much with family, with the twelve sisters?

Friedman: Well, you see, mother was the youngest. Aunt Mary lived in Ocean City, New Jersey, so she was pretty much out of the picture, except in the summer when we'd go down there. Then, the three that I knew lived together five or six blocks away. Aunt Ben--Benedict was her name, but she was known as Ben--lived in Germantown, which wasn't too far away. She married and had three children.

Of the thirteen girls, only three married and one of them had already died before I was born. Well, I'm not sure. But, anyhow, I never knew her. As far as social life being largely family, I guess it was, although mother had some other friends who used to come and have dinner or something like that.

Hughes: What did you do for extracurricular activities?

Friedman: Well, I liked to roller skate. In those days it was done on the public streets; it wasn't done in rinks and things like that. And I rode a bicycle some. There was some kind of a social, sorority-type thing, I guess, in high school, and there were playgrounds nearby where we used to go and do physical things. I always read--I always read a lot.

Hughes: Did you do well in school?

Friedman: Yes.

Hughes: Did you have any particular interests in grammar school and high school? Academically, I mean.

Friedman: I don't recall any particular interests.

Hughes: You hadn't decided at that point that you were going to be a physician?

Friedman: I sort of had.

Hughes: Do you think that was an influence from your father?

Friedman: Yes, I'm sure. My mother admired my father and still did, I guess, or at least his achievements. So I decided I was going to do that.

My brother, as I said, was not interested in the same things. But he had his own talent. At the age of thirteen he got himself a ham radio operator's license, which I think is really quite

Friedman: something because you had to know enough about radios to do that, and it's still a mystery to me to this day what are all the things that go on in there. He was always interested in radio and still has his radio set and ham license, and does it occasionally. But he was more on the practical side I guess, not the theoretical. He went to Drexel Institute of Technology, which is a good engineering-type school.

Hughes: Did your mother encourage you to become a physician?

Friedman: Oh, yes. I mean, she didn't actively encourage it, and in fact at one point said, "Oh, I don't think you're ever going to make it," but she certainly didn't put any problems in my way. I mean, as much as I could do was good and she would encourage that.

Hughes: Why did she say that to you, do you think?

Friedman: I can't imagine. Well, she probably honestly thought that I wasn't going to do it. Right?

I started out to tell you that my aunts who got to teach in school had had enough contacts in the school system that they thought Girls' High School was the best high school to go to, and "you should go there," and that sort of thing.

Hughes: Do you think they saw you as being talented?

Friedman: I think they were just in favor of education and they thought that you should get as much education as you possibly can. That was a not unusual philosophy. If your family didn't need your money, if you didn't have to go to work as soon as you reached the end of high school--or even during high school--if your family could get by without your earnings, why, then you kept on with education.

Bryn Mawr College, 1938-1942

Hughes: Well, then, tell me about the decision to go to Bryn Mawr College.

Friedman: That wasn't very active on my part; I was getting a scholarship, so I went. [laughter] In the high school class, I think I was--I always suspected they'd juggled the numbers a little bit--supposed to be the second in the class. The one who had the highest averages went to the University of Pennsylvania, scholarship, and then I was given this as the second one. But,

Friedman: I don't know, I always thought there was a little bit of favoritism, to my benefit, in getting me the scholarship to Bryn Mawr, rather than Rose, whom I still correspond with occasionally. Rose went to the University of Pennsylvania.

Hughes: Why would they have favored you, do you think?

Friedman: Oh, it was social factors. She was from an immigrant family of Russian Jews and I think that they felt that she would do better at the University of Pennslyvania.

Hughes: Had you been aware all through your growing up years of Bryn Mawr College?

Friedman: No, it was out in the suburbs someplace and I didn't know much about it.

Hughes: Did you choose a major right away?

Friedman: Yes, I think I had already decided that I was going to take a pre-med course, so they had chosen for me what I was going to take. The first year was really a rough year with physics, mathematics, English, German...I had to take baby German. But the second year I got out of English by taking Latin lit., instead of English lit. You know, the second year you're supposed to take two. But I took Latin lit.

Hughes: Was that a good decision?

Friedman: Well, no. I don't think so. I don't know why I did it; I think I thought it would be less to read.

Hughes: You'd had Latin in high school?

Friedman: Mmm-hmm. I'd had, let's see, four and a half years of Latin in high school. They started it in junior high, I guess, the first part. And I had three years of French, but no German. And so I had to take German because it was a school requirement that you were supposed to read French and German at sight in order to graduate.

Hughes: Yes, that's what it was in my day.*

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*The interviewer also went to Bryn Mawr.

Friedman: Since Bryn Mawr is a Quaker school and so was Johns Hopkins Medical School, their requirements were made to interdigitate, and the requirement at Johns Hopkins at that time was to read French and German. I doubt that that's the case anymore. [phone rings]

Hughes: Did you get much encouragement from anybody in particular at Bryn Mawr about your ambitions for going to medical school?

Friedman; I don't remember talking to anybody much about it at that time. Then, between my sophomore and junior year, my mother died and after that I saw more of my father, and I guess he was the one who more or less encouraged me. But I don't remember much encouragement at Bryn Mawr. I really felt pretty out of things at Bryn Mawr. I just didn't feel that I was part of it.

Hughes: Because of what you were studying, or just in general?

Friedman: Yes, part of it. The first two years, while my mother was living, I was at home and commuted. So I had contacts with the other girls who commuted more than with the people that were in the dorms. Then the last two years, I was put in Denbigh [Hall on campus] because they needed juniors in Denbigh and there were no science majors in Denbigh at that point. In fact, it was a weird, an odd bunch, although it included the president of the Self Gov[ernment], but she was a little odd, too.

Hughes: Well, if you missed out on the social life in the halls, that was pretty much it. At least in my experience that's where the social life was.

Friedman: Yes. Right.

Hughes: Is there anything else to say about the undergraduate years?

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Friedman: I don't recall that it was that much of a strain. But it was working.

Hughes: You weren't doing well?

Friedman: I did fairly well. I graduated cum laude, which was better than eighty-five, isn't it?

Hughes: It's very good.

Friedman: It was good enough, but it certainly wasn't outstanding. I think there was one mathematics major that was magna cum. Maybe cum laude was just better than eighty.

Hughes: I think it is eighty, eighty-five and then ninety for summa cum laude.

Yale University School of Medicine, 1942-1945

Hughes: And then the decision to go to Yale Medical School?

Friedman: One of my friends in the dorm had a sister who was there. I think that was one reason why I applied there. I liked the idea that you don't have to keep taking exams every five minutes. At Yale they had exams at the end of the second and fourth year and, other than that, it was optional whether you took any exams, to see how you were doing rather than for them to grade you.

Hughes: Was Yale the only medical school to do that in those days?

Friedman: As far as I know. I think it may still be. Do other places do that?

Hughes: I don't know.

Friedman: At that time, medical schools were quite competitive, not as bad as they are now, but in the sense that there were a certain number who were admitted who were not expected to graduate. Whereas at Yale, they said if they took you in, they expected you to graduate. In fact, one man in our class finished with the class behind because he had problems, but he was able to finish. I don't mean it was medical problems, but he did drink a lot. He had a car fixed up so that he could keep a beer keg in the back seat, with a tube that came into the front. [laughter]

Hughes: Well, that might have interfered with his work.

Friedman: It might have interfered with his work, yes.

Hughes: What about being a woman medical student?

Friedman: That was really quite pleasant. For the first time here I am having gone to high school and a college that was strictly girls, and here I am, there were four of us [women] in a class of sixty.

Friedman: So it was wonderful. It was a great treat. But the boys were always very nice. They told us later that one of the criteria for selection [of women for medical school] was that they looked as though they might be married, but weren't. I don't know what their other criteria were. But anyhow, whenever there was a class party or whenever there was anything that was social, the boys always saw that we had a date or one of them would take us. They were very nice to us. They were sexist, I'm sure, but they were nice to us. And there was never a feeling you're a woman, you're inferior.

Hughes: Did you have any special bonds with the other three women?

Friedman: Well, as a matter of fact, I had lunch with two of them, Tuesday. The fourth one completed only her first year, and then dropped out and got married and I haven't kept in touch with her. But of the other two, one, Louise Burr, has been with pediatrics at Kaiser since, I think, forty-eight. And the other one, who was also named Alice, so she was Shep and I was Dersh, has practiced all her medical life in Kyoto, Japan, where her husband was with a college there. It was called Amherst House, where Otis was sort of sponsored by Amherst. And I think he was paid by Amherst.

Internship and Residency in Pediatrics, New Haven Hospital, 1945-1947

Hughes: Were there any professors that had a special influence on you?

Friedman: Well, yes. I took my internship and residency in pediatrics because of Grover Powers, who was the head of pediatrics at that time; I think his impression on me was what he always used to say, "Gentlemen, this is a very sick baby." [mimics high voice] He had chronic laryngitis and a little high voice and he was a big fat man, so everybody liked to imitate him. But the importance of the patient was the thing that was emphasized. The patient was what counted. The assessment of the patient was the whole thing, and once you had decided what was going on, then you could do something about it. But he was very much into patient care and the patient was the important thing.

Hughes: Was he one reason that you chose pediatrics as a specialty?

Friedman: Yes.

Hughes: At what stage did you come to that decision?

Friedman: After your second year. Your first two years are academic, and then your third year was wards, and the fourth year was clinic. Well, by the time we got to wards and had seen what was going on in the different departments, that was when I made my decision.

Hughes: Was there anybody other than Powers that was really outstanding as far as you were concerned?

Friedman: It was a small department and there were only two other pediatricians in the department, including other faculty. One was Dan Darrow, who was into biochemical aspects of disease. He was into kidney disease and the effects of acute diarrheas and so on. The determination of potassium. He was one of the first, I think, to realize how important potassium was in acid base balance. I remember distinctly his lab was able to do potassium, but it took two days. You couldn't get an answer before two days.

Hughes: Was that biochemical orientation unusual in pediatrics in those days?

Friedman: I think so. I think he was certainly outstanding. But he was a terrible teacher. I don't know why he wasn't a good teacher but he wasn't. He just couldn't keep his speech in order. He knew what he was saying, and he would get it all out eventually, but he just was not a good teacher.

Hughes: Were there famous people on the medical faculty in those years?

Friedman: Well, there were, but this was forty-two to forty-five. It was just during the war years, and a number of them were away. I think [James D.] Trask had died, or else he was away; he was never there when I was there. But he had been very prominent in bacteriology, and they had a wonderful, for then, bacte[riology] lab and a woman who did a very good job as a technician, and that was one of the important emphases. The man who took over was called Paul Boisvert, and he eventually had a real schizophrenic break. I wasn't there, but one of my friends was chief resident at that time, and he really had a difficult time.

But in the other departments, yes, there were famous people. There was Francis Blake in medicine; he was well-known. And John P. Peters was very well-known. He was called Body-Water Peters. He was biochemical. He had the metabolic disorders in medicine. His son was in our class, so we even had a New Year's Eve party at his house one time.

Hughes: And you came in contact with all these people?

Friedman: Oh, yes. John Fulton, he was a wonderful character. He wrote a textbook on neuranatomy before he was out of medical school.

Hughes: My heavens! [laughter]

Friedman: Exactly.

Hughes: He wrote a biography of Cushing, didn't he?

Friedman: Probably so, yes. He was a character.

Hughes: How were you faring academically in medical school?

Friedman: Well, I couldn't tell you exactly, because we never got very much in the way of grades. But I got by. It was arranged so that you could do your studying and concentrate, especially at the end of the first two years. Well, of course, everything was sort of changed [because of the war] but the original requirements were comprehensive examinations at the end of your second and fourth year. Also, a thesis in order to get your degree. But because four years were pushed into three years, [during the war] we just went summers, never had a vacation, except a week or so between semesters and, because of that, they did not require a thesis. Instead of giving their own comprehensive exams, they used the exams [National Boards] that are given nationwide and they're supposed to give you a license such that you can go from one state to another.

Anyhow, they used those instead of their own comprehensive exams, so it's possible that the exams were a little bit easier. Anyhow, I got by without any difficulty, and I was accepted for two years of training in pediatrics, which probably means that I didn't have anything very bad. But I really couldn't tell you what sort of grades I had because I have no idea.

Hughes: Now, had some of your thought been in choosing pediatrics that that was a suitable specialty for a woman?

Friedman: I'm sure.

Hughes: And there would be some specialties that just would not be very likely for women.

Friedman: Well, there was one female that was in surgery, Lynn something or other, and some of the women went into internal medicine. For instance, Shep has always practiced in internal medicine. Ob-Gyn was a possibility. I think it was probably the most appealing as a specialty. Because of the way Grover Powers had it set up, you felt as though you were really dealing with people and not with patients.

Hughes: Did you ever consider doing a residency elsewhere?

Friedman: I applied several other places. One was Columbia, the College of Physicians and Surgeons at Columbia. As a matter of fact, I was accepted and then turned it down. Some years later, I met the director of the program for the first time, who was also a famous professor like Grover Powers, and he said, "Well, you were the only one that ever turned it down." [laughter] And he remembered that; I don't know, it was five years later, it seems.

Hughes: Why did you?

Friedman: I preferred to stay; Yale was my first choice. I also applied at Boston Children's [Hospital] and I was not accepted there.

Hughes: You didn't have any feelings through any of this that being female impeded you in any way?

Friedman: No, I guess not. I really didn't. I really had very little feeling that being female impeded me.

Hughes: Were you developing any special interests during your internship and residency?

Friedman: I don't know, I don't think so. You know, you worked so hard, seemed to me, that you didn't have much time to yourself. I was married to Dave de Kruif in 1945, before we were graduated.

Hughes: He was a medical student there?

Friedman: Yes. He had been in the class ahead and he had TB. He was in a sanitarium for about a year and then finished with our class. Then he had a residency in medicine in New Haven.

Hughes: Did you get to know his father at that time?

Friedman: Yes, well, Dave also had divorced parents and he had lived with his mother. She was a physician at Wellesley College. He didn't know his father, who had also remarried, and so it was sometime

Friedman: after we were in internship training that he finally met Paul after Dave's mother died. Paul lived in Michigan, near Holland; I think that was where he was raised, actually. He and his wife, Rhea, used to come to New York periodically. In those days, Paul was writing for the Reader's Digest, and so he would come to New York and stay there for awhile and talk to the editor. I don't think I ever met the editor. I heard about him.

Anyhow, that was when Dave first got acquainted with his father. I don't think he had even met him since he was a little boy, a small child. I'd met my father, but not very often, but Dave hadn't. Paul was a very emotional man and so he made a big deal out of the meeting and so on. I think his emotion was more assumed than real, I'm not sure. I think he could talk himself into it, let's put it that way.

Hughes: How long were you married to Dave?

Friedman: Just a few years, two or three years. It was after we came out here. We came out in forty-seven, and then separated in forty-eight, and we divorced a few years later.

Residency at Kaiser Foundation Hospital, Oakland, 1947-1948

Friedman: It was through Paul de Kruif that I first met Sid Garfield, because Sid came to New York and we met him and his wife, Virginia, with Paul de Kruif in New York.

Hughes: What year was that?

Friedman: Well, it was before we came out here, so it must have been forty-six or forty-seven. I don't remember which.

Anyhow, it was talking to Sid that made us choose to come to Permanente at that time because it seemed like such a great idea. At that time the idea of socialized medicine seemed as though it would be the end of all individuality and so on for physicians. Well, there would have been an end sooner, but I think that time has come anyhow, but at that time it seemed as though there would be an end to your being able to practice as you wished. The idea of something that was the answer to how to practice and not have socialized medicine appealed to us intellectually and seemed like a very good idea.

Hughes: Can you be a little more specific about what, other than the fact that it wasn't socialized medicine, were some of the principles of the Permanente system that drew you?

Friedman: Our understanding was that it was prepayment, and that meant that if you have to do something for a patient, you didn't have to worry about the money factor. At that time there was no instruction in how you set up an office and how you do any kind of cost accounting or anything like that. And so, if you are going to go into private practice, how do you know whether you're going to get along? How are you even going to make a living if you don't know what you're doing [in a business sense]? The idea that you wouldn't have to fool with all that sort of thing was very attractive, too.

Hughes: Now, did you get any feeling at that point from Sid or any other way that this idea of prepaid group medicine was controversial, that fee-for-service medicine was hardly what you would call approving?

Friedman: I'm not sure. I don't really recall. I told you [off-tape] I was reading Paul's book,* and I didn't realize that there had been that much disturbance already at the time we came. I thought it came a little bit later when Sid was disciplined by the California Medical Association, was threatened with loss of his license if he continued to employ physicians, was the way I understood it. Isn't that right?

Hughes: There were several incidents, I believe.**

Friedman: Actually, I thought that was the inciting thing that made him give away his health plan. It was still his when we first came in forty-seven or forty-eight. I thought it was in the early fifties that that action was taken.

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*Paul de Kruif, Kaiser Wakes the Doctors. New York: Harcourt, Brace and Company, 1949.

**For an account of both incidents, see John S. Smillie, A History of the Kaiser Permanente Medical Care Group and the Kaiser Foundation Health Plan. A manuscript in draft form, 22-24.

Hughes: Well, I think it was earlier than that because the medical program split up. What had been a one man show, split up in 1948 into Permanente Foundation Hospitals, Permanente Foundation Health Plan, and then the Permanente Medical Group. Sid originally was a partner in the Permanente Medical Group, but within a year he was no longer a partner; that was his choice. He withdrew.*

Friedman: But that was after he had given it away and created a partnership, and that must have been later than that because I was at the meeting when he gave it away.

Hughes: Well, you were there in the forties.

Friedman: True. But my first year, I was just a resident. The second year I was on the staff. But it wasn't right away; it wasn't in forty-eight.

Hughes: You're sure you're not thinking of the problems that grew up around the Tahoe conference?

Friedman: No. Because I don't know much about that.

Hughes: Tell me what happened when you arrived in Oakland as a resident.

[interruption]##

Friedman: The first impression was of not very great facilities, and quite different, of course, from where we had come from, which was a big well-established medical center with lots of space and lots of help at all levels. At that time, the Oakland hospital had the old Fabiola Hospital, which is still there, but is not used as a hospital anymore. The old Fabiola building had pediatrics and OB and the delivery rooms, and then on the fourth floor was the nursery, and that was quite makeshift. I remember as a pediatrician being upset that there were no facilities for making formulas for the babies that were in any way different from the standard formula. There was a woman who came and did formulas, but she was more on the level of a cook than she was a trained person. She could do it if you told her exactly what to do; she could do it, probably. I was never even too sure about that.

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*A second partnership agreement, superceding that of February 21, 1948, became effective July 1, 1949. Dr. Alexander King replaced Garfield as a partner. Smillie, History, 35-36.

Friedman: But that didn't last very long because very soon they were importing formulas from a firm that started up in San Francisco and they brought in the formulas already pre-mixed.

Hughes: All the ones that you would need?

Friedman: Yes.

Hughes: Who was there in pediatrics?

Friedman: There were only two on the staff, and one was Alex King, who still lives in Moraga, and the other was Francis Robinson. He didn't stay very long; he stayed a few years.

And there was a total of four residents who did quite a bit of the work. There was an OB ward, that had a few beds--eighteen, twenty, something of the sort--and that was about it, and the nursery. I was the only woman. I had expected to be chief resident, but I wasn't.

Hughes: Why was that, now?

Friedman: Well, this is what Sid told me, you know, but he hadn't put it through. He hadn't done anything about it. There was no chief resident. Clearly the men that were co-residents had been there for a little while, so they wanted to be chiefs also. At that time we did our own house calls, too. One of us would be on house call and the other three divided the work on the wards. And then you had some time in the clinic, but not much.

Hughes: What sort of membership are we talking about?

Friedman: Thirty-thousand. Not many. Very small.

Hughes: Did you have any contact with the Richmond hospital?

Friedman: Well, that was not a hospital at that time; that was used as a clinic. Only in the sense that they would send their patients to us, if they had somebody who needed hospitalization. Beatrice Li was out there at that time, and for a long time after she ran pediatrics out there.

Hughes: A physician?

Friedman: Mmm-hmmm. A woman. Her English is very difficult to understand still; not that great. [laughter]

Hughes: She's Chinese?

Friedman: Yes.

Hughes: Any other impressions of those very first months after you arrived?

Friedman: At that time, the things I remember are not so much the working situation as the social situation because it was great! The first day we got here, Dave and I called Sid Garfield because he was our only contact. As I recall it was a Sunday, and we had made some sort of arrangements for living quarters, but I can't remember what they were or how we had set it up. Millie Cutting did things like that at that time, so I think she had arranged for something. But anyhow, it was Sunday and nothing was open and what were we going to do? So we called Sid, and he said he was going out to the Cuttings, and we should come along. So we went. They had just moved out here to Orinda and had a nice house with a swimming pool and some nice outdoor area. So that was our first meeting. And then, because we got in contact with them right away, and there were so few doctors, these things were really very social at that time. We did a lot of socializing with the doctors we worked with.

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Hughes: Was there any pressure to see a given number of patients within a given period of time?

Friedman: I think more so where Morrie Collen was concerned [in internal medicine], where you were expected to see a certain number of patients an hour in the clinic, maybe less so in pediatrics because at that time there was no chief, really. Alex King and Frank Robinson shared the duty and they just more or less decided what they were going to do. But nobody was in charge.

Hughes: Did Morrie Collen decide on this certain number of patients per hour because of economic reasons?

Friedman: I think so. I'm not even positive it started then, but I think that very shortly he came to that. You know that's the sort of thing that he would like to do. He would like to...

Hughes: ...organize.

Friedman: Organize, yeah.

Hughes: Other than the not terribly glamorous facilities, was there anything else about the Permanente system that struck you?

Friedman: The standard of practice was not what we had been used to, but I don't think it was that different from the standard in the community, in fact I think that it was probably better.

Hughes: How was the standard of practice inferior to that of Yale?

Friedman: Well, for instance, while I was still in New Haven, the man who was head pediatrician in Children's Hospital in the East Bay came and visited one time and made rounds with Powers and the rest of us. He really shocked everybody because he insisted that whenever you had a case of a fever of unknown cause in a baby, the most likely diagnosis was sinusitis. Incidentally, that's most unlikely because the sinuses are not that well developed [in babies]. And the treatment was a dropper full of one percent ephedrine nose drops in each nostril four times a day, holding the baby by its heels while you put this stuff in his nose. [laughs] And he was the chief pediatrician at East Bay Children's! To me, this is a little backward. It really was not anything like what I had been exposed to.

But I had the feeling then, and I haven't checked it recently, but it may still be, that it took a few years for ideas to get from the East Coast to the West Coast. The treatment of diarrhea was probably farther advanced in New Haven than in other places, but there was very little understanding of the acid-base balance disturbances and what therapy should be given.

Hughes: Are you saying that the pediatric medicine you saw practiced at Kaiser probably was on a par with what was happening in the rest of the region?

Friedman: It probably was better.

Hughes: Why would you think that?

Friedman: Alex King is an excellent pediatrician and always has been, and has [high] standards, and Frank Robinson was all right. But I don't think Alex would ever have practiced substandard pediatrics. In the community, there were practices that... Well, there was one pediatrician--his name was Stanley Fisher, as I recall--who used to bring children into the wards and he really was in the business to make money. This was something that was not what I had been taught. You know, you don't go into medicine to make money. But this man had done it and he was <u>the</u> prominent pediatrician in the area.

Hughes: Now, why would he have been using Kaiser facilities?

Friedman: He was using them because he couldn't take his patients to Children's Hospital in the East Bay. So I didn't think that the level, at least in Oakland, was very high.

Hughes: What about the calibre of medicine practiced by your fellow residents?

Friedman: It was adequate.

Hughes: They didn't have the background that you had, did they?

Friedman: No. Gee, I don't really remember where they had their training.

Hughes: What I'm really trying to get at is the general calibre of physicians that would have been attracted to the Permanente system in the early days.

Friedman: Well, there were at one point five or six from Yale. There was Louise Burr, and then there were quite a few who had come from Eastern colleges. Alex King was from Johns Hopkins and then had a few years in Detroit, I think it was, before he came out here. I'm not sure. But anyhow the point is, he was well-trained.

The calibre, I think, in general was surprisingly high. I think there were a lot of people who were attracted to the idea of the thing and the absence of having to bill people and charge for your services. They were, in a sense, a little more idealistic.

Hughes: How did physicians actually get to the Permanente system?

Friedman: I know only about myself. Of course, UC was always a source; this was an alternative to staying on with the system there. The physicians there were expected to be in private practice, as well as teach. You made your money from your private practice; you didn't make very much as a teacher. Whereas in New Haven, they had been full-time teachers and no private practice at all, which is quite different.

I know that UC was always a source; you see Stanford was still in the City [San Francisco] at that time. We did have some from there too. So I think some of it was local [recruitment]. The other, I really don't know.

Hughes: You arrived in 1947, which was very soon after the health plan was opened up to the public after the war, in 1945. Were you aware of any difficulties in attracting members in those very early days?

Friedman: Yes, I think that we knew that the health plan was small and struggling. It had been a hundred and fifty thousand during the shipyard days, and then all of a sudden after VJ Day, the shipyard closed down and all their members dropped off.

Incidentally, when I was in San Francisco, I ran across a man who had a medical record number that was two digits, and he said his father had been in the shipyards and as soon as the health plan was opened up [to the public], his father had joined. He was a kid at that time, and so he had always had his medical care at Kaiser.

But anyhow, we were all aware that it was small and struggling and that there were difficulties of all sorts. I'm sure other people have told you about the days when supplies were hard to get and you had to turn in a pencil stub to get another one. I remember one time, without telling the head nurse on pedi[atrics], I borrowed a syringe and needle to give one of my neighbor's kids a DPT [diphtheria, pertussis, and tetanus] shot, and came in in the morning and the nurse was searching frantically for this syringe and needle because it was gone and where did it go?

Hughes: Now, was that all stemming from Garfield?

Friedman: Yes, I think so.

Hughes: So it really is not a myth that he had a tight control over everything that was going on.

Friedman: I think so.

Hughes: What was the procedure when you did find equipment lacking? What steps did you then take?

Friedman: You had to get approval from this one and that one and the other one and it was very difficult to get materials. They shortly had central purchasing and everything had to go through there. You couldn't just get what you wanted.

Hughes: Did it ever interfere when you were practicing medicine?

Friedman: Oh, I think so. I mean the equipment was not very good. There was very little of it. If you needed something which you were used to, it took a long time to get it--I.V. [intravenous] equipment, things like that.

Hughes: How were you feeling about coming from one of the top academic medical centers in the country to a situation which obviously had deficiencies? Did you ever have moments when you wondered why you'd made the decision?

Friedman: Well, I suppose I did. But I'd made the decision and I was going to go ahead with it. I don't remember ever thinking I should go back. I did go back to New Haven to try to improve bacteriology at Oakland, because I was used to, you know, if you take a culture, you get back an answer. Here, the lab was really... Somebody did it, didn't mind doing it, but really wasn't very good at it. The quality of lab technicians was certainly not what it is now.

Hughes: How did you change this?

Friedman: I didn't. I went back and spent about four weeks, six weeks, in New Haven to try to see what their methods were, to see what I could set up [in Oakland]. But some of them just couldn't be translated. For instance, in New Haven they had their own rabbit colony, and when they wanted to make some blood agar, they'd bleed a rabbit. Here, you bought blood and it was usually not rabbit blood, it was, I think, horse--I'm not sure whether it was horse or cow--but you bought blood and used that, and it made a difference in what organisms you could culture on your blood agar plate.

Hughes: So what you had learned at Yale couldn't be strictly translated?

Friedman: No, you couldn't really do that. And I didn't follow through on that; I guess I should have, probably.

Hughes: When something like this happened, would Alex King, for example, have been receptive to your ideas?

Friedman: Alex King is an excellent pediatrician, but he is not a leader, and never has been a leader. If he leads, it's in reverse, you know. [laughter]

Hughes: I guess so.

Friedman: It's always that way [pointing] and never that way. So I don't remember ever pursuing these questions.

Hughes: If you wanted something, then you pursued it on your own?

Friedman: You had to do it yourself or else you didn't do it. King always pursued things for himself, but he didn't help you do it at all.

Hughes: Would you say then, that in these early days innovative ideas were difficult to establish?

Friedman: Yes.

Hughes: What was your husband's specialty?

Friedman: Internal medicine.

Hughes: Was he having a similar experience?

Friedman: Well, yes. I was a resident and he was staff the first year, and then the second year, it reversed, although I took another residency later on because that residency was not approved for credit, so I had to go back for another year afterwards for more.

Hughes: Why wasn't it approved?

Friedman: For one reason, there was no chief, and they hadn't been able to get approval from the AMA, I guess it was, the hospital inspection. But the medical residency was approved.

So I think it was always, work a little harder and do a little more. And there was always more to do. But I think that, in general, there were times when that wasn't quite enough. And as far as consultations from outside, I don't think we ever got that.

Hughes: So you were really an entity unto yourselves.

Friedman: That's right. We were on our own a lot.

Hughes: All your ties with Yale had pretty much been broken by then ...

Friedman: Well...

Hughes: ...in a medical sense?

Friedman: In a medical sense, yeah I guess so. I could have, I'm sure, written or phoned, although we didn't phone in those days the way we do now. But I'm sure I could have written for advice, but I don't remember ever having felt that I wanted to. Maybe that was my deficiency.

Hughes: Maybe you thought you could cope!

In 1948 the medical care program was divided into the three entities that now exist, namely the hospitals, health plan, and the medical group. Was this the subject of discussion amongst practicing physicians that weren't directly involved in the partnership?

Friedman: I don't recall it. It didn't make much impact.

Hughes: When you had these social encounters, did you tend to talk about what was happening to the organization as a whole and the problems it might be having?

Friedman: No. I remember trying to talk to Sid, and our perception of the health plan and his perception of the health plan were really quite different.

Hughes: Could you expand?

Friedman: Well, he was looking at it from the top and we were looking at it as we were experiencing it and so I don't think we ever got together on it.

Hughes: He was idealizing the situation?

Friedman: Well, idealizing it, but he also was aware of the practical aspects. You know, there is so much money and so much to be done, this is what has to be done. So I think he was aware of it from that aspect, whereas we were aware of the needs of the patients and ourselves to caring for the patients.

Hughes: Was he open to that point of view?

Friedman: Did he listen to us?

Hughes: Yes.

Friedman: Did he do anything about it? No. So what do you mean by "open"?

Formation of the Permanente Medical Group Partnership, 1948

Hughes: I would assume, then, that the formation of the partnership in 1948, the seven original partners, from what you said before, probably did not make much of an impact on you as a practicing physician. Am I right in thinking that?

Friedman: Well, I distinctly remember the meeting where Sid announced that there were going to be six more partners. They were the only partners and that was the nucleus that became the executive committee. I guess my timing was off on that. You said it was forty-eight or forty-nine.

Hughes: The original partnership was formed in 1948. Then Sid dropped out of the partnership in 1949.

Friedman: Forty-nine. And I think that everybody was surprised that this was done. I remember being astonished that Sid had created the partners, his partners, and had given up control, in a sense, of the whole thing, because it had been his show until that time.

Hughes: Why do you think he decided to do that?

Friedman: I thought it was because of harassment by the California Medical Association, that they were threatening to rescind his license and suspend it. I think they did suspend it.

Hughes: The idea being that if there were a partnership, you could not be accused of hiring physicians--was that their main point?

Friedman: I think so. But also, if his license was gone, why, he wanted somebody else to be able to go on.

Hughes: Why were these six particular men chosen?

Friedman: They had been with Sid for a long time and they also were chiefs of departments.

Hughes: Who was Melvin Friedman [one of the original partners]?

Friedman: He was head of pathology.

Hughes: And he'd been there since the early days as well.

Friedman: I'm not sure how long he had been there, but he had been there long enough.

Hughes: What were your feelings about this distinct organizational change? All of a sudden you weren't employees of Sidney Garfield and Associates.

Friedman: Well, it didn't make that much difference as far as what you were doing, or anything like that, but then within a few years they started taking in partners, and then it became executive committee and general partners. It was a great thing to be accepted as a partner.

Hughes: Was it done very much along the same lines as it is nowadays, namely, a certain amount of time spent as a physician in the Permanente system and then you are eligible for partnership?

Friedman: That's right, and then you are eligible. And then you got a Kaiser car to drive!

Hughes: And did you become a partner early on?

Friedman: It was fifty-one. As soon as I was eligible, I became a partner.

Women, Minorities, and Communist Accusations

Hughes: Now, again, the same old question: Were you noticing any difference in the way you were treated, either from the standpoint of your colleagues or from the standpoint of patients, because you were a woman? You were still the only woman, were you not, in the Oakland hospital?

Friedman: Oh, no. There were other pedi residents who were women. Ruth Holmboe was on the staff, too, very shortly. Who else? There were women there, mostly in pedi, I think. I'm trying to think if there was anybody in medicine. I don't remember. But in pediatrics there were always other women; I was never the only one there.

Hughes: Was it the normal female distribution, would you say? Was there any tendency of the Permanente system to either encourage or to exclude women?

Friedman: I don't think they encouraged women.

I remember one episode that may perhaps point out the views that were current. The idea was that it was hard enough for Permanente to get going on its own, and there were enough detractors that they couldn't fight anybody else's fight. It was enough to do their own. There was a black intern who sneaked in because, at that time, they required pictures on the applications, and he left his picture off. His name was [Wendell] Lipscomb, so he didn't sound like a black and he was from UC. There was quite a lot of furor about it, and I remember Sid Garfield saying to all the staff doctors that it was enough to try to fight our own battles, without trying to take on somebody else's fights at the same time.

Hughes: What happened?

Friedman: I was talking to Lloyd Owen about this the other night and he told me some part of it that I didn't know. Now this is in the early fifties, which is the McCarthy era, and he said that the F.B.I. had gotten to the management about him, because he was suspected of being a communist or communist sympathizer, and that he had attended meetings in Paris, or something like this. So that was another reason; so he was asked to leave. I think he brought suit. I think he collected. That's what Lloyd said; I didn't know about the F.B.I. bit. I think I did know about his having filed suit.

Hughes: There were a number of accusations, it would seem, about communist affiliation. Were you aware of what was going on at the Kabat-Kaiser Institute in Vallejo?

Friedman: Were they accused of being communists?

Hughes: [Herman] Kabat was accused of being a communist sympathizer; I doubt whether he was an out-and-out hard core communist.

Friedman: Is that so! Well, you know, it seems so funny to me anyhow because in New Haven, some of the quite prominent physicians said that they were communists. Now this is in the thirties; communism sounded like a great idealistic thing. That was the context of it.

Hughes: Do you think the Kaiser system did...

Friedman: ...attract radicals?

Hughes: Yes.

Friedman: Could be. It was a little different; it was a new approach to things. And so I think people who tended to look for solutions other than the standard ones, might have looked for them there.

Hughes: Were you aware of that tendency in specific at the Oakland hospital?

Friedman: No. Kabat was a little bit on the outside; he was never a real part of the Oakland hospital, although he was very much involved when they had the miners from West Virginia.

Hughes: But the miners were treated in Vallejo, were they not?

Friedman: No, a lot of them were in Oakland.

Hughes: I didn't realize that.

Friedman: Oh, yeah. They had problems other than orthopedic-type problems. Many of them had infections and things of that sort.

Hughes: Well, was the Kabat Kaiser Institute strictly an orthopedic institute?

Friedman: No. But wasn't Kabat originally more an orthopedist?

Hughes: I think that was the specialty. But was it a general hospital?

Friedman: Vallejo?

Hughes: Yes. Why were you seeing miners in Oakland if Vallejo was a general hospital?

Friedman: Good question. I worked at Vallejo for about three years in the late sixties and, at that time, it was really considerably behind Oakland and San Francisco as far as quality of care. The farther you get from San Francisco, the worse it gets. But, then, it's always been uneven in the different facilities.

Hughes: To this day?

Friedman: Oh, yes.

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Friedman: But things are much better since they built the new hospital, and also Vallejo has expanded considerably. But at that time Vallejo can't have been that good. Now, I can't tell you, other than that a lot of the miners were treated in Oakland. There were hemiplegics and so on, and they really were infected and had been left in bed for a long time and some of them needed quite a bit before they could have any kind of rehabilitation.

Opposition from Fee-For-Service Medicine

Hughes: Let's turn to the opposition from orthodox medicine which you've already mentioned more or less in passing. In your initial encounters with Sid Garfield, did he give you any intimations that you were getting into something very controversial?

Friedman: I just don't recall. I don't remember that I had any feeling that I was going to do anything radical. But once you got here, you realized what it was. And one reason why there was so much socialization [within the medical group], was that you didn't have much contact from the doctors outside.

Hughes: What about membership in the AMA and the California Medical Association?

Friedman: They didn't accept you as a member. I never applied, but you were told if you do apply, it wouldn't do you any good. In fact, my former chief in San Francisco, Ben Feingold, came up from southern California where he'd been a member of the California Medical Association and was unable to join the San Francisco branch. They blackballed him.

Hughes: How many years did that situation go on?

Friedman: I don't know. I've never joined the California Medical Association or the San Francisco [Medical Society], Alameda-Contra Costa [County Medical Society], none of them. But you can certainly join today. I felt, they didn't want me then; I don't want them now. So the heck with it.

Hughes: Do you think that this was a barrier to recruitment?

Friedman: Wasn't that part of why things were so difficult in the fifties? Well, there were some specialties that they had difficulties getting physicians in. I don't think that was ever true of medicine or pediatrics. There were always a few that were available. But specialties like orthopedics and ENT [ear, nose, and throat] and things like that, I think they had difficulty getting high calibre people.

Hughes: There was at least one episode right after the war, I believe in 1946, where the California Board of Medical Examiners actually did suspend Garfield's license. The charge was that he hired two residents, one of them being [Clifford] Keene and another, a man by the name of Flint.

Friedman: Tom Flint?

Hughes: Yes. Who did not have California licenses and the case was appealed and it was contested in superior court.

Friedman: They were residents?

Hughes: They were residents.

Friedman: Well, that was common practice. Not anymore; I know they have to get their licenses before they get here now.

Hughes: Do you remember discussing that episode?

Friedman: No.

Impressions of Permanente Physicians and Surgeons

Sidney Garfield

[Interview 2: February 4, 1986]##

Hughes: All right Dr. Friedman, let's start with some impressions of people, if you don't mind, and the one that first comes to my mind, of course, is Sidney Garfield. How well did you know him?

Friedman: I knew him better than most people in the organization because I met him first before we came out here--I think I've said that already--met him through Paul de Kruif. When we came out here, we did see him some socially for a few years. Then didn't. But in the hospital setting, I didn't know him all that well, I don't think. I don't think anybody did. He really was not a very outgoing person in the sense of wanting to be friends with all the people who worked for him or anything like that. Far from it. He was, what I consider, more the type of personality of a surgeon, who is stand-offish and away from people, rather than trying to find out what people think, as a medical person does more--the difference, as somebody from the South put it, between a cutting doctor and a talking doctor. [laughter] I think he personified the cutting doctor. After all, he was a surgeon. That had been his training and his first love, I would assume. He still did a little surgery, actually.

The story, and I know it's true, is that sometime in the fifties, the early fifties, I think, there was a big backlog on T and A's, tonsillectomies and adenectomies. They didn't know what to do, so he and Cecil Cutting went in every morning early and had a little T and A session, until they got the backlog cleared up.

Hughes: And that was after years of not practicing.

Friedman: Yes. Cecil was still very active in surgery, but not Sid. After that, I don't think he ever did any surgery that I know of. He became much more interested in hospital planning and so on, especially after his brushes with the California Medical Association and when they threatened him with lifting his license, and did. I think he was on probation for some time; I'm not positive of the details of that. Although I think that Lloyd Owen told me the other day that he thought that Sid had had difficulty with the CMA as early as forty-six, which was before I got here.

Hughes: Yes, I've read that, too. Did you have the impression that giving up surgery, except for the T and A's, was something that he regretted?

Friedman: I never heard him express any regret that he was no longer in surgery. If he had wanted to, I'm sure he could have continued to do surgery at various times, but he didn't. To my surprise,

Friedman: I found that he still treated patients, although not surgically; he did certain things for certain people, up until quite recently.

Hughes: Were these people that probably had some special connection?

Friedman: Yes, but not necessarily social or family. The one that I heard about a few years ago was someone who had formally worked for Kaiser. Not a doctor, but an employee. I was surprised to hear that. I didn't know that. But there were lots of things I didn't know.

I don't know what else to say. He always gave the impression of being affluent and I know he didn't take salary from the [medical] group. I don't know where his affluence came from, because I don't think his family was well-to-do. In fact, I'm sure they weren't. One time I asked him, and his only reply was, "I made some good investments." I have no idea what the situation was.

Hughes: He was a smart dresser--which would give you that impression, wouldn't it?

Friedman: Oh yes, he always liked very nice things.

Hughes: What do you suppose he was doing when you didn't see him in the wards? Was he sitting at a desk and being an administrator?

Friedman: Yes, I think so. I think he was not necessarily sitting at a desk, but I think he was making contacts with people on the outside as well as being an administrator. He wasn't into the daily life of the hospital. He would walk around and see how things were, but he was not nearly so closely involved with patient care as he was with administration.

Hughes: Dr. [Ernest] Saward, when I talked to him, remarked and I'll quote him, "Dr. Garfield was the most remarkable person. On the other hand, it was most difficult to separate out the ninety-nine bad ideas from the one good idea."* Were you aware of that side of him?

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*Ernest W. Saward: The History of the Kaiser Permanente Medical Care Program, an oral history interview conducted in 1985, Regional Oral History Office, University of California, Berkeley, 1986.

Friedman: That he was generating ideas for change?

Hughes: Yes.

Friedman: No.

Cecil Cutting

Hughes: What about Cecil Cutting?

Friedman: Well, Cecil, I think, got to be a father figure for me, much more than Sid. I would have expected Sid to get to be Papa, but he really didn't want that role, I don't think. I always felt comfortable with Cecil, and still do, although I don't see him very much anymore. But I keep meaning to, especially since Millie [Cutting] died, to do something to make sure that he knows that people are in contact with him and like him.

But he was always working very hard. He was head of surgery; he also was remarkably versatile, in that he would take on whatever was needed to be done. For instance, for a while he was head of orthopedics in Oakland because we didn't have a good orthopedist and so this is where the need was and this is where he was functioning, although he much preferred general surgery. He was an excellent surgeon. He really had a very good reputation. Regardless of what he was doing, he had a good reputation among the people who were working there. I had a friend who needed gall bladder surgery, and I had no hesitancy whatever in suggesting she see Cece. He did a very competent job even though she was not a health plan member at the time, but a private patient.

I knew Millie and Cecil fairly well because I took care of their kids as their pediatrician for awhile--their two adopted children, Sidney and Chris--from the time that they were infants. I took care of them until they were, oh, I would say, about eight or ten.

Hughes: Was Millie always very closely connected with what was going on in the Kaiser enterprise?

Friedman: Yes. Sid for some time--I think it was before and after his divorce from Virginia; she stayed in southern California--had a bedroom and lived with Millie and Cece.

Hughes: Was that because they were close friends?

Friedman: Yes. I remember Millie saying, "When he first came to live with us, the only thing he really liked to eat was steak and chocolate ice cream!" [laughter]

Hughes: How long did that arrangement go on?

Friedman: Oh, a fair number of years. Five? Well, he remarried shortly before we got married, so it was 1952. Or was it 1953? Anyhow, it was somewhere right around the same time. And married Helen Garfield, Ale Kaiser's sister. And I knew Helen some. Not as much as I knew Ale, because Ale had worked in the [Oakland] hospital in the emergency room as sort of the receptionist, greeter, and facilitator. She was excellent at it. Both of them were nurses.

Hughes: Oh, I didn't know that Helen was too.

Friedman: Yes.

Hughes: Did Helen work in Oakland as well at one stage?

Friedman: She worked as a nurse. Her first husband--what was his name? I think it was Peterson--had the misfortune to get polio and was very severely disabled by it. I think she went back to work at that time. She had two girls.

Hughes: Did you have any contact with Ale as a nurse?

Friedman: She wasn't working as a nurse. Like Millie had a job that had nothing to do with her being a nurse, but she was in the front office and she facilitated. When you couldn't see Sid, why you could talk to Millie, and she acted more or less as his secretary.

Ale was excellent at what she did, which was greeting people and getting them to the right place and assessing, to some extent, how severe their problem was. She was good at it. She had a very good personality for that sort of thing and made people feel taken care of, which is important in a situation like that.

Well, I said that Cece always seemed to be sort of a father figure, and he was somebody that you could turn to and he would give you support. Sid would if he felt like it, and wouldn't, if he didn't, but Cecil did.

Hughes: Now, you mean emotional support?

Friedman: Yes.

Hughes: What about in a medical sense?

Friedman: Well, let me give you an illustration. Maybe this will show you the extent of my feeling towards Cece.

The husband of a friend--well, he was a friend, too--a pediatrician from Walnut Creek, Jim Flett, was killed in an auto accident. He actually made it alive to Highland Hospital and then died after he got there. But anyhow, he was driving into Oakland and his car went across the highway and up on the bank and as it rolled back down, it was hit broadside by another car. So when they called his wife--she was in Alamo at that time--she came in and got to the hospital and she called me. I had taken care of her kids as a pediatrician. And she called me and said they wouldn't let her see him, and what to do? So the first person I thought of calling was Cecil. Even though at that time I don't think he was chief of staff in Oakland anymore. But the first person I thought of calling was Cecil. He responded immediately by coming to the hospital. He immediately was willing to give any help he could, either in a medical sense or in a emotional sense. So even though there was nothing to be done, he was there in case he could.

Hughes: Those sorts of things are important.

Friedman: Right. But he was Papa.

Hughes: One of the criticisms that one hears about Kaiser is impersonal medicine. Because Cutting was the antithesis of this himself, was that a special concern of his? Or was that even an issue in the early days?

Friedman: As things grow larger, they grow more impersonal. And I think in the early days it wasn't so much a problem because it wasn't a fact. You had only a few patients; you didn't have the pressure of millions, and so you were more involved with a few people.

Hughes: Do you remember any conversations with him as Kaiser grew about that particular problem?

Friedman: No, I don't think I ever discussed that. When I first came, there were like thirty thousand patients, and they were mostly in the Oakland area, and there just weren't that many patients. It was a manageable number as opposed to what you have now.

Hughes: Anything else about Dr. Cutting?

Friedman: No, he's always been a nice man, a gentleman.

Hughes: Did you ever talk to him about why he chose to stick with the Kaiser system? From what everybody says, he was a very proficient surgeon; he doubtless could have done very nicely in fee-for-service medicine.

Friedman: No. I think he started with it and thought it was a good idea and stuck with it. But I don't know more than that.

Once you got into Kaiser, or at least in the early days it was certainly true, it became "we" and "they," because there were so many pressures from outside that were antagonistic and you felt as though everybody was picking on you. And they were. And so it was sort of a "we" and "they" feeling.

Hughes: And that probably explains some of the comraderie, except that it was more than just that you were a small group. It was the fact that, as I think you said before, if you were going to socialize with medical people, your choice was Kaiser.

Friedman: Sure, right. Millie and Cecil had a house here in Orinda and they used to entertain quite frequently. Millie's house was where the Permanente wives used to have their meetings and the rummage sale and all the rest of the stuff that goes on. They used to have a once-a-month meeting, I think, and Millie's house was often the place where they had it. It was a nice house and adaptable to groups. You could open it up and have the outside as well as the inside.

Monte Baritell

Hughes: All right, Monte Baritell.

Friedman: Monte Baritell was a resident in surgery, I think, when I first was at Oakland, and was always highly considered as a surgeon, was considered an excellent surgeon, one of the best

Friedman: they had. His personality was something else again. I didn't like him very well. This sounds so snobbish, but I didn't think he had much background. He wasn't gentlemanly in the way that Cece was always a gentleman. He was more rough and ready and ready to do anything. He was highly thought of by many, obviously, since he was on the executive committee [of the Permanente Medical Group] and he was chief of staff in Oakland for awhile. But I just didn't have very pleasant experiences with him, and I never felt particularly close to him at all, in fact, just the opposite. So I don't think I'm a good one to comment on Monte Baritell.

Robert King

Hughes: What about Robert King?

Friedman: Oh, Bob was a charming man. [laughs] He could tell the best jokes, and really kept things lively. He and Olie and their two boys were also part of the social group that gave parties. They were friends of Millie and Cece's from way back and had been through emotional experiences together. I think the Kings had lost a child to sudden infant death syndrome sometime, I think while they were still at Grand Coulee Dam. Experiences like that are likely, I think, to draw people together or else put them far apart. It had drawn them together.

Hughes: What about his practice as an obstretician-gynecologist? Was he respected?

Friedman: Yes, he was respected. He was good and careful with his mommas and delivered Jim Flett's oldest baby--who just a couple of days ago finally had his first baby! A long time. He was considered a good obstretician and gynecologist, but I don't think he was outstanding the way that Baritell and Cece were outstanding. But he was considered very good. And a nice man.

Hughes: Why do you suppose he was one of the original partners? Longevity as much as anything?

Friedman: Yes, he'd been around for awhile and he was a known quantity. He was dedicated to what they were going to do, so I think that's part of it.

Hughes: Did that become something that you were expected to deal with?

Friedman: I was never involved in genetic counseling. In pediatrics, you mean?

Hughes: Yes, in pediatrics.

Friedman: Leaving it in sixty-six, I haven't really done pediatrics since.

Hughes: Yes, I see, you missed that.

Friedman: What we were doing in genetic counseling at that time was very primitive.

Hughes: What about technological advances that would have made a big impact on pediatrics and allergies. Was there instrumentation that was making a big difference in the way you practiced medicine?

Friedman: Actually, the practice of allergy has not changed that much. I think we understand better what we're doing, but the practice hasn't changed that much because with the increasing understanding, you understood it, but it didn't mean you had to change it. I think that the care of asthmatics has certainly advanced tremendously, but hay fever's still hay fever, and there are newer drugs to treat with, and certainly less dangerous things to do. Well, there are more dangerous things to do, too,--if you talk about what happens in ICU [intensive care unit] and the people that get into respiratory failure and things like that. I think technological advances have had some impact, but not a great deal.

Hughes: The tests that you do for a patient coming in with unknown allergies have remained relatively standard?

Friedman: Uh-huh. There have been new advances in that, that will help with more understanding, but I think that the actual work-up of an allergic patient hasn't changed that much. I don't think it needs to. I think that what Ben Feingold set up is quite an adequate way of assessing patients. Now, I think the way of assessing them is good; the way of treating them has changed to some extent, and I think we give allergy-type treatments, meaning hyposensitization, to far fewer patients than we used to because of a better understanding of what's going on, but the ones we do treat, we treat relatively similarly to what we did before. I think it's in the non-allergic treatment of patients with asthma and things like that [background noise] that we have made more advances.

Hughes: Is there anything more you want to say about changes in pediatrics?

Friedman: In the first place, there are far fewer diseases to treat because there are no longer measles and mumps and polio and so on. I remember the last child with polio I saw, that was probably in the mid-fifties. There are other diseases that have appeared, but they probably are not that frequent. They may be more severe; I don't know.

I think the main thing is what people expect of treatment these days. I think sometimes their expectations are a bit unrealistic. I remember one stupid young woman who came in. I told her she had a cold and she'd be better inside a week. And she said, "You mean you can't cure a cold? They can put men on the moon, but you can't cure a cold?" [laugh] But I think people's expectations of a life without stress are sometimes unrealistic.

Hughes: Well, I was wondering if you had any personal contact with Henry or Edgar Kaiser?

Friedman: Well, through my husband I did have some contact with both of them. Not too much with Henry. He was always "the old man." He was larger than life and not to be bothered with anything other than great, great problems. I think even Joe, my husband, didn't know him very well. Joe was in Michigan at Willow Run with Edgar and Sue and also with Edgar's second wife, after Sue died, who was Nina. In fact, Joe claims he knew her before Edgar did; he gave her a ride from the front gate to the building where she was going to apply for employment.

That was a relatively small group that was there at Willow Run, and they all knew each other. There again, they socialized because it was more or less, I think, an outcast group. They weren't Ford, Chrysler or General Motors; they were Kaiser and they were building cars.

Cars Manufactured by Kaiser

Friedman: When we were [medical] partners in the early days, we all had Kaiser cars, and they were very nice cars; they were okay. But when you were on house calls, which I did for awhile, too,

Friedman: you had Henry J's and they were an idea that was ahead of their time, but they were just miserable cars. The idea of a small car that was very affordable was what was behind the Henry J. You've never even heard of it!

Hughes: No, I'm afraid I haven't. [laughs]

Friedman: Well, it was a small car that was affordable, but it lacked certain basic things. For instance, one time I remember driving through a puddle in Richmond and I got splashed to the knees because there were great big holes around the pedals. So there were a few deficits. They were not a great success.

Hughes: And they were also made at Willow Run?

Friedman: Yes, they made three cars. They made a Kaiser and a Fraser and then the Henry J.

Hughes: None did very well.

Friedman: Well, the Kaisers were sold fairly widely. They had a sportscar that was also ahead of its time. It had a fiberglass body, which was different. I remember you had to slide the door forward instead of opening it out, which was probably an advantage in some situations.

I don't know how I got off on cars, except that we all had Kaisers. You'd see somebody with a Kaiser and you'd know maybe that's one of my friends!

Hughes: What about Eugene Trefethen?

Friedman: Joe knew him better than I did. His wife used to come in for treatments of some sort, I think she had allergies. Sid Garfield had allergies, incidentally. He used to come in for treatments to Ben Feingold in Oakland when they were doing depot-type injections. It was an emulsion-allergen and some other oil that was given. It was given just three times in a year and seemed to help some people. But then they were getting sterile abscesses years later from the emulsion, so they stopped doing that. But Sid Garfield liked it very well and used to come in for the injections. Not everybody got sterile abscesses, but a few did.

Hughes: Anybody else of the early crowd?

Friedman: Trefethen was at Joe's retirement dinner, and sat at the head table with us. His wife, Katie, was talking about their winery which they had started at that time which apparently was doing very well.

Hughes: Anything else to say about people?

Friedman: I did tell you that Sue Kaiser was a Bryn Mawr graduate?

Hughes: Yes.

Friedman: Class of '33, I think. Sue was a nice woman. They had a few Bryn Mawr alumnae meetings at her house, which had a lot of ground, as well as being an enormous house. A few times, three or four, they had New Year's Eve parties. These were apparently the great things at Willow Run. They had these tremendous New Year's Eve parties for three hundred people for dancing and drinks and dinner at midnight or after and real celebrations. Can you imagine feeding dinner to three hundred people?

Hughes: No, I can't. [laughter]

Residency at Denver General Hospital, 1950-1951

Hughes: All right, shall we switch back to you? From 1950 to 1951, you did a residency in pediatrics at Denver General Hospital.

Friedman: Mmm-hmm.

Hughes: Why?

Friedman: When I came out here, I still needed one year to be accredited for [pediatric] boards and found that the residency program that I entered here was not accredited and never was. They said it would probably be accredited during the year I was here, but it wasn't, largely because there was no chief.

Hughes: Alex King didn't even have the title of chief?

Friedman: Did not have the title. There were just two pediatricians and neither one was identified as chief. And then Jim Flett--I mentioned him earlier as the one who was killed--came out [to

Friedman: Oakland] with the idea that he would be chief. He had been chief resident in pediatrics in New Haven. I think he was graduated from Yale in 1939. He was a resident when he was called up in forty-two or so and had several years--three years or so--in the army and then came back and finished his residency in New Haven. So he had been chief resident there and was invited out by Sid Garfield to see whether he would like to come, with the idea that he would be chief. But then he did come, and he was on the staff, but he was not chief and so he didn't stay very long. He went back to Denver and was there for probably two or three years. He didn't like that either. Came back here and went to Kaiser, Walnut Creek. Anyhow, while he was in Denver, he offered me the job. He knew I needed residency credit, so he offered me the job there. So, that's why I went to Denver.

Hughes: Was that a good program?

Friedman: Well, actually, what I did as a resident there was just about the same thing I did in Oakland. I more or less facilitated the outpatient clinic.

Hughes: Did you get any firmer ideas about the pros and cons of the Kaiser system versus fee-for-service?

Friedman: This was still not fee-for-service. Denver General was run by the city of Denver. It was a city hospital; it was not a fee-for-service primarily.

Hughes: You had always intended to go back?

Friedman: Mmm-hmm, when I would get the accreditation.

Hughes: So you've never waivered in your loyalty to Kaiser?

Friedman: It never occurred to me that I should go do something else, no. I mean, never seriously.

II STAFF PHYSICIAN IN THE PERMANENTE MEDICAL GROUP, 1952-1985

Pediatrician at Walnut Creek, 1952-1955

Hughes: The next stage is Walnut Creek, where you worked from 1952 to 1955.

Friedman: Uh-huh.

Facilities

Hughes: I understand the hospital didn't open until 1953, the year after you arrived. What did you do in the interim?

Friedman: We did clinic work. Same sort of thing that's going on in Santa Rosa at the present time, I think. They do the daytime work and clinic and don't have a hospital and so they are not responsible, really, for after-hours care. Patients are referred elsewhere.

Hughes: Why did you choose Walnut Creek?

Friedman: Well, it was just opening and it seemed like a chance to get away from Oakland, which seemed as though it was more or less set in its ways, and I wasn't sure that I liked it. Also, I got married again in fifty-two and it seemed like a good time to make a little change.

Hughes: Did it have, at that point, the reputation of being a showpiece hospital?

Friedman: Oh, there were only four or five doctors at that point; there was nothing. They had the building that they still use for records now, but they had bought the property. It was quite a beautiful place. It was a home when they bought it, but it had been an art and garden center also. It was an adobe house--maybe it wasn't adobe; it was probably stucco--with the red-tiled roof, and so on. It had a swimming pool, a gardener's cottage, and a gardener who lived there, and very nicely landscaped grounds, and it had a couple of greenhouses, too.

Anyhow, they used the house for the clinic. Pediatrics was on one side and allergy and dermatology were on the other side. There was a living room and two wings, and one had been the bedroom wing and one had been the kitchen wing. The living room was used for a waiting area and reception and so on, and then the wings were back and a courtyard in between. And then they built that famous, round clinic. It was, I guess, the outgrowth of Sid Garfield's idea that all the services should be in the center, and the patients should be to the outside, and the traffic should be around the periphery. I don't think it worked very well. [laughter] It certainly was an odd looking building; it was quite circular and had a skylight lighting. I was out there one evening and a car drove in and the driver said, "Is that a bar? We're looking for a bar." It didn't look like what it was.

Hughes: Why didn't it function very well?

Friedman: It just didn't. I was there once as a patient. The seats and so on were solid benches, like in a restaurant. They were up against the wall. There wasn't enough waiting area for the eight or ten doctors' offices that were around the periphery. It just didn't function.

Hughes: And was this Sid's design?

Friedman: Well, I'm sure it was an outgrowth of his idea of how you should arrange a hospital.

Hughes: But you weren't aware of him being on the scene and really participating in the design of it?

Friedman: Well, I think he probably did. I would just assume that he did, because that was the hospital that Ale Kaiser was so involved with, and so on. That was part of what led to the difficulties [with the medical group and Kaiser management] in the later fifties.

Hughes: Yes. I guess Henry and Ale hadn't even married yet....

Friedman: No, no, Bess didn't die until six weeks or so before they were married.

Hughes: They were married, as I remember, in 1952.

Friedman: No, fifty-one. It was while I was in Denver. Fifty, fifty-one. I came back here at Christmas of fifty, and Henry was already... You could tell things were going on. And then, fifty-one, they were married.

Hughes: But when it was only the clinic and you and three other doctors, did you have any inkling of what Henry planned for this operation? That this was going to be a showpiece?

Friedman: A showplace? No, I don't think I did. Wally Cook was there at that time, and I think he was the one who was having the hospital built for him, as far as Ale was concerned.

Hughes: I understand that he was hand picked by Ale and at the time he was a fourth year resident. You must admit that it is a bit unusual to rise from fourth year resident to physician in chief.

Friedman: Yes. But it was one of the first satellite clinics. I guess San Francisco had opened.

Hughes: Los Angeles.

Friedman: But I meant from northern California. At that time, Oakland was still the only one in northern California that had a completely functional hospital, although Vallejo, I guess, always had a hospital. But when I was there in the late sixties, it was such an odd building and so obviously left over from an army installation during World War II that the morale was low and so on. But anyhow, Oakland was the chief place; Vallejo was never a chief place. Richmond also functioned only as a clinic, and then Walnut Creek, with the idea that eventually it would have a hospital. Was Antioch or Pittsburgh functioning at that time?

Hughes: That I can't answer.

Friedman: It may tie in with Henry's connections in the steel business. When I was talking to Lloyd Owens, he reminded me about the doctors who went to Utah in the fifties. Wally Cook went, I think.

Hughes: Yes, he did.

Friedman: Lloyd and Jane Owens went and Wally Cook and Jack Smillie--that's four. I don't know whether there were four or six of them.

Hughes: I don't know too much about that episode yet, but I will be talking with Wally Cook. So maybe let's not worry about that now because he can cover that.*

I'm looking at Smillie's chronology.** In January 1954, he lists hospitals at Oakland, Richmond, Vallejo, Walnut Creek, South San Francisco, San Francisco. Two hundred and fifty thousand members, one hundred and eighty doctors, ten medical office clinics that he doesn't specify.

Friedman: So you don't know whether Pittsburgh was open?

Hughes: No, but it's somewhere in the history.

Friedman: Right. The reason I got off on Utah was that that was involved with steel and so on, and then the hospital in Pittsburg [California] was set up there originally to provide care for the workers at the U.S. Steel plant there.

Hughes: I understand that the membership of the Walnut Creek enterprise did not grow as fast as anticipated.

Friedman: Oh, really?

Hughes: You weren't aware of those problems?

Friedman: No.

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*Wallace H. Cook: The History of the Kaiser Permanente Medical Care Program, an oral history interview conducted in 1986, Regional Oral History Office, The Bancroft Library, University of California, 1987.

**Smillie, History, 1-6.

Hughes: The hospital, despite its functional problems, received design awards...

Friedman: I didn't say the hospital. I'm talking only about the clinic. I thought that the hospital was a lovely hospital. I was a patient there briefly, a couple of times.

Hughes: What is the time frame there? The clinic was not there when you first arrived?

Friedman: I think the clinic building was built shortly after.

Hughes: And then the hospital must have come right on its heels.

Friedman: It was under construction.

Hughes: Well, could you tell me a little about the design of the hospital because I know that Garfield did have a role. The architect's name was Clarence Mayhew. Apparently it was considered, for its time, an outstanding hospital, I don't know if in a functional sense, but certainly in an aesthetic sense. It received the Architectural Forum award, or Mayhew received the Architectural Forum's award.

Friedman: The rooms were designed for one person only, one bed in other words. There were a few two-bed rooms and otherwise, it was all one. The only reason for the two-bed rooms was because of Blue Cross coverage at that time. It covered two beds in a room and not a private room. Each room had a connecting toilet. I think it connected between two rooms and had its own wash-basin near the bed, so that you were supposed to be able to take care of yourself largely. You could reach to turn on the water and take your own sink bath, and take care of getting some water and things like that, instead of bothering the nurses. The central part was laid out with the nurses' stations in the center and then the patients' rooms the next layer out. It was all one-storey and so the circulation of traffic was outdoors, under an overhang, but still outdoors. So the visitors were supposed to come in from outside, which didn't give very much control over who was visiting. I don't know that they do it quite that way now.

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I was a patient there once and I thought it was a very nice hospital to be in. I was a patient in San Francisco and I thought that was a terrible place. I think the main thing was the contact with the outdoors. I remember being in the

Friedman: [Walnut Creek] hospital out there and looking out and here was an oak tree and here was a nut hatch coming down the oak tree, whereas in San Francisco, of course, all you see are either walls and things like that because its been badly squeezed together, additions made that don't add to the characteristics of the patients' view. I do like to see trees and things like that.

Although the plan is basically the same in San Francisco, because it's a multirise building the circulation of visitors around the outside just hasn't worked out. In fact, I think that in the remodel that they're doing now, they're eliminating that walkway on the outside and making the rooms a little bit bigger. The other thing is that San Francisco is almost exclusively two-bed rooms and so is Oakland. There are very few private rooms.

Hughes: Why private rooms at Walnut Creek and double bed rooms at San Francisco?

Friedman: I don't know. But I think it's a lot less expensive to provide the same things for two beds as for one.

Hughes: Do you think that was all part of Henry's plan?

Friedman: That's right.

Hughes: I understand that the stops were off as far as Walnut Creek was concerned. That was one of the big bones of contention with the medical group, which as you say, did lead into the troubles of the Tahoe period. I also heard that physicians at Walnut Creek were rumored to receive higher salaries than those at other facilities.

Friedman: Well, I couldn't answer that. I don't think I got any particular increase. What the others got, I don't know.

Hughes: I saw a reference to an unusual rooming-in program for mothers and newborns at Walnut Creek. Is that the filing drawer?

Friedman: Yes, the filing drawer [laughs] approach. You asked me about the hospital and I forgot to mention that. But they had mothers in two-bed wards and beside each other was a drawer and the baby was in the drawer. This drawer also went through into a separate little nursery area, sort of a place for cleaning up

"The baby in the drawer," a system of infant care shared by the mother and the nursing staff. The system was used at Kaiser hospitals in Honolulu, Walnut Creek, and elsewhere.

photograph courtesy of Norah E. Walker

Friedman: and changing the baby and all the rest. If the mother wanted to, she could leave the child in there to sleep while she had visitors or whatever, or she could have it with her by her side to watch. I think it was a very satisfactory way to have healthy babies. If the babies weren't so healthy, then it wasn't satisfactory at all. They did keep them in the nursery for the first twelve to twenty-four hours and then put them into bassinets in the rooms.

Hughes: Was Walnut Creek the first hospital to try this system?

Friedman: Well, it may have been the first one to have them in the bassinets, the filing drawers that moved back and forth. Certainly rooming in was not a new idea. They were doing that in New Haven when I was there, so I know that that was not a brand-new idea. But to have the babies be moved in and out in this fashion, I think may have been an original design.

Hughes: Who was responsible for that idea? Sidney Garfield?

Friedman: Probably. Actually, it was a pretty good way of spreading infection from one mother to baby, to baby to mother. Seems to me that the nursery served two babies whose mothers were not in the same room. There'd be like a wall and there'd be a mother here and a mother here, but the nursery was common to the two. Seems to me that it was a fair way to pass infection back and forth. I don't know that it actually did, because the stays were not that long. They were down to three or four days by that time.

Hughes: And that was standard?

Friedman: Uh-huh.

Hughes: Well, I know you weren't directly involved in all the controversy surrounding the so-called Tahoe period, which was the 1950s, but were you aware of the battles that were going on between the doctors and the Kaiser Corporation?

Friedman: No, I was not. I had no contact with them by that time.

Communication Between the Executive Committee of the Permanente Medical Group and Physicians

Hughes: What about your relationship, if any, with the executive committee? They were supposed to be representing you. Was there any form of communication between that group of doctors and physicians in the field, so to speak?

Friedman: They did have meetings at certain times. I forget exactly what the timing was. But the formal meetings were usually, seemed to me, something to do with protest. Somebody would say he didn't like this or that, and then there'd be some division of opinion. It wasn't just that the executive committee talked to the people and told them, we would like to do this and this, and what's your opinion? It was that the meeting was more or less an attack on the executive committee, or the ideas or the management in general.

Hughes: You mean that the physicians who weren't on the executive committee were attacking...

Friedman: ...were attacking the ones who were. That's my recollection of it.

Hughes: You can't remember any particular issues?

Friedman: But then, you see, I was not a partner from fifty-five to sixty-seven. After I'd been at Walnut Creek for a few years, I found that the demands were much too much for me, and I just couldn't keep up with the work, the day's load. There were three pediatricians by that time, and every third night you were on telephone call and also house call and also admissions--everything. There was no house staff and so if there was anything that happened, why you were it. It was every third night, and the telephone calls were just impossible. You'd spend the whole evening on the phone. I just found it was too much to try to run a house and do that work, and so I took six months off, and then after that I worked part time in Oakland for pedi drop-ins for the next ten years or so.

Hughes: When you left Walnut Creek you gave up your partnership?

Friedman: I resigned.

Hughes: You could not remain a partner, even though you were doing pediatrics?

Friedman: I could have remained a partner, but Alex King asked me not to try to do that. He said he had enough difficulty with his staff as it was, without having a part-time partner. So since I was going back there, I gave it up. But if you worked six-tenths, in other words, six units out of a possible ten--at that time, it was eleven--you could remain a partner.

Wallace Cook

Hughes: What was Wally Cook like as a personality?

Friedman: Well, I thought he was on the cool and distant side and another typical surgeon to me. [laughs] I didn't find him particularly sympathetic to women's problems. I went to him about the problem of finding that the work was too much for me and he said, if you don't like it, turn in your suit. So I did, and he was not particularly sympathetic.

Hughes: Is that what you mean by women's problems?

Friedman: Right. I think that to try to run a house, especially if you have children, which we didn't, and also work full time, is difficult. Especially on a more than forty-hour a week schedule.

Hughes: How was he as an administrator?

Friedman: Well, don't you think that's part of being an administrator?

Hughes: Yes. Did things run smoothly?

Friedman: [Sighs] Well, I guess so, as far as I know.

Hughes: With the clinic opening and then very soon thereafter the hospital opening, do you remember any bugs in a very new system and a very new medical staff?

Friedman: Well, I think the whole thing was sort of catch-as-catch-can. If there was something wrong, why do something and fix it up. I don't remember that it was a very smooth running place. I think Wally saw as many patients as he could.

Hughes: Were you aware of the Kaisers' presence?

Friedman: Not really. No.

Hughes: Ale Kaiser was not there on the scene even though she was obviously behind things?

Friedman: Well, you see, the pediatric clinic was always off in a separate building and until the hospital opened, why you didn't have that much contact with the others. There wasn't any particular place to go for meals. I remember one or

Friedman: two staff meetings. I remember once going to a small restaurant in Lafayette. I don't remember too much contact with the others.

Hughes: Was there much cohesion amongst the medical staff?

Friedman: Well, I think there was. Also especially those that had children used the swimming pool. That was a big place where all the people got together. That wasn't just Walnut Creek, that was available to the others from the other installations. Bob King's oldest boy, Phil, was the lifeguard there.

Hughes: So that was quite a social gathering spot.

Friedman: Mmm-hmm.

Hughes: Did physicians tend to go there after work?

Friedman: No, no. If I had it to do over again, I would start swimming in it because I find it very nice.

Hughes: Well you didn't have time, from what you were saying!

Friedman: No, but I think it would've been worthwhile to take the time.

Residency in Allergy at Kaiser Foundation Hospital, San Francisco, 1966-1967

Hughes: Shall we skip on to your residency in allergy?

Friedman: Right. There were about five or six pediatricians doing nothing but pediatric drop-in on a part-time basis in Oakland in the mid 1960s, and one of them decided that we weren't being paid enough, which was probably true. So she wanted all of us to say that we would like more money. So we agreed we'd like more [laughs], and she presented this to Monte Baritell, who was chief at that time, and his response was, you're all fired! [sad laugh]

Hughes: Were you all women?

Friedman: Yes. Pediatrics has got to do something better than this for this problem. So we all left. There were various solutions at various outlying clinics, and I went and looked at Hayward,

Friedman: I think, at that time. That was such a long trip. Then I went out to Antioch, which is just the clinic out there, for the next six months before I started allergy training. But I was looking around for other things to do and I spoke to Thurman [Dannenberg] who was chief of allergy at Walnut Creek almost from its beginning; he was out there very early. He said, no, he had somebody else that he was going to train. So I went to Ben Feingold in San Francisco, who had an accredited allergy training program, which Thurman didn't have. Thurman would just train you, but not so that you would be board-eligible.

Hughes: Let me stop you for a minute. Baritell, you said, fired all five part-time pediatricians?

Friedman: Mmm-hmm.

Hughes: You fire a whole group and what happens to your service?

Friedman: Well, the pediatricians in Oakland were expected to fill in.

Hughes: Did Baritell do it without consultation?

Friedman: My guess would be yes. That was his reaction to it.

Hughes: Is that rather typical of the way he handled things?

Friedman: Yes.

Hughes: Well, let's backtrack in another area too. How had you gotten from pediatrics to allergy?

Friedman: Well, I looked around and decided that nobody wanted a part-time pediatrician, and so I looked at the various specialties with a pediatric background and one of them was allergy. So I investigated that and it was mostly availability that took me to it. But I certainly never regretted it. I thought it was a great program and I enjoyed my time there much more than I did in pediatrics.

Hughes: Was that the nature of the specialty itself or the circumstances?

Friedman: I think it was the way it was run and the specialty itself. As I say, that was the beginning of the intellectual interest in immunology, which I had not found to be the case [in pediatrics]. In the early fifties, pediatrics was really floundering. I just didn't see where it was going after that. I don't think a lot of pediatricians did at that time. They didn't see what the future was going to be.

Hughes: Yet you were aware that in other specialties there were surges in certain directions?

Friedman: I don't think I was at the time. I think it was after I got into the immunology and I saw what else was going on in the other fields.

Hughes: Well, that's an interesting perception. I don't think necessarily every physician would be looking for how the field itself was advancing. Do you think that is a typical response? I would think some people would be quite content just to continue to see patients in the old fashion without worrying about what was happening to the specialty.

Friedman: Well, I think it came to me because I went to some pediatric meetings and there just was nothing that was stimulating. It was just nothing!

Hughes: Was it a vacuum that was left by the so-called conquest of childhood diseases?

Friedman: Oh, no, this was earlier than that because this was in the late forties, early fifties.

Hughes: Oh, so this was before polio was controlled?

Friedman: This really was before even polio was controlled. Fifty-five, fifty-six when I saw the last polio.

Hughes: You were hoping that there would be whole new approaches to treatment opening up? Was that what you were looking for?

Friedman: Well, I don't know what I was looking for, but I certainly wasn't looking for a specialty that didn't have any [laughs] leanings towards what was going to happen.

Ben Feingold and His Diet

Hughes: Tell me a little bit about Ben Feingold.

Friedman: He was a great teacher and a very interesting but extraordinarily autocratic gent. He was from even older times, because he was born in 1900, and so he was 65 by the time I went to his residency program, and he continued active until he died a few years ago at 82.

Hughes: Was he in San Francisco, at that time?

Friedman: Yes. But he got off on his own specialty that led to the Feingold diet and all the rest of it. The effects of, originally, aspirin, later all the artificial substances--artificial colors and flavors and preservatives.

Hughes: I didn't realize it was aspirin first.

Friedman: Yes, well, I was the one who brought it to his attention, although what he took out of it was much better.

Hughes: You directed him towards what, now?

Friedman: Well, when I started in as a resident in San Francisco, you saw patients and discussed the patients and that was your formal residency training. I had a number of patients with chronic hives, chronic urticaria. The treatment of chronic urticaria is not that satisfactory to this day, but at that time I had no idea what to do with them. So I asked some of the people on the staff, I have a patient with chronic urticaria, what shall I do? And they said, well, here's this diet; give him this diet and he'll get better.

Hughes: This was Feingold's diet?

Friedman: No, this was long before. This was a dermatologist who had worked out a salicylate-free diet, as he called it. It was because of a different kind of rash; there was a child who had a rash from birch pollen and also from aspirin. Birch pollen contains salicylate. Willow bark contains salicylate, and other parts of the tree do, too. And other plants, also.

Anyhow, this was a just a short list of mostly the stone fruits, like peaches and plums. I think it had apples and oranges, but I'm not sure.

Hughes: Which all have salicylates?

Friedman: To some extent, yes.

Hughes: That was the rationale for including them...

Friedman: That was the rationale for this, yes. And aspirin and of course all the other compounds that contain aspirin. So they said, give the patient this diet and he'll get better. Well, to my

Friedman: surprise and, I think, theirs, the patients did get better. Part of it was because I had enough time that I worked with the patients and got them to really observe the diet, which is not that easy to do. I had such success I said, gee, this is a wonderful diet and why didn't I ever hear of this before? They said, it is a wonderful diet? [laughs] Then they started using it more. Although they had had it available, they hadn't used it.

Hughes: All you were treating at this point was chronic urticaria?

Friedman: Right. I guess the one that brought it to Feingold's attention was the wife of a psychiatrist. Oh, yes, grapes was one of the items on the list. She had some kind of a rash--I'm not sure it was urticaria--and she also had behavior changes that she or her husband or both recognized. She was put on this diet and improved, and then she had hypertension--I'm trying to think--and was given something that was tartrate. And tartrate is derived from the scrapings of wine barrels. She immediately relapsed into her former condition of really very odd behavior and I don't know whether she got back her hives or not. But anyhow, they traced it to this particular substance that was from the grapes and it was on the basis of this that I think that Feingold finally made the connection between salicylates and behavioral problems.

Hughes: Can you tell me how the diet developed from there? What I associate with the name Feingold is additives.

Friedman: Right. So then he went on from there and in investigating the kids who had behavioral changes, the hyperactivity or whatever you want to call it, minimal brain damage, I don't know...

Hughes: Now was this very soon after you arrived?

Friedman: When I made the connection was in the sixties but the evolution of the Feingold diet went on for the next ten years at least. When did he first bring it out?

Hughes: I don't know. Do you prescribe that diet?

Friedman: Oh, yes. Actually, we did use diets more than many allergists did. We used Rowe diets as well as Feingold diets, and Rowe diets were extremely restrictive because they cut out all sources of grain. Albert Rowe was an allergist in Oakland, and one of the early allergists in this area and he used this diet.

Hughes: But not to treat the same sort of problems, was it?

Friedman: No, he used it for everything. He treated all sorts of allergies with this diet. We used it for everything also, and it is effective for some people with asthma and other severe problems that make it worthwhile to go on a diet like that.

Hughes: What specific substances is it supposed to be eliminating?

Friedman: It's no specific substance. It isn't like the so-called salicylate-free diet, which is much more than salicylates. It evolved because it was originally salicylates, but then it isn't just a salicylate-free diet. Rowe cut out what you commonly eat, is what it really boiled down to. You could support life with soybeans and rice. Since most people eat beef more than anything else, he cut out beef.

Hughes: That was his rationale?

Friedman: That's the only rationale I can see. [laughter]

Hughes: That's amazing.

Friedman: Well, it's true. I would go with that one hundred percent, because it's what people either dearly love or dearly hate that they're allergic to. If you are a chocolate freak, you're likely to be allergic to chocolate. And if you can't have a day without milk, you're likely to be allergic to milk.

Hughes: That doesn't seem biological, though.

Friedman: Oh, I think it is, because I think it's what you're overexposed to that you get an overburden of and you become intolerant of. I doubt that this is true IGE-mediated allergy at all.*

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*Note from Dr. Friedman: Immunoglobulin E mediates many immediate allergic reactions.

Hughes: It sounds to me, from what you've been saying, that the San Francisco Bay Area in the late 1960s was quite a center of innovation in allergy, at least in the sense that you had these two new diets which...

Friedman: The Rowe diet was not a new diet. That goes back to the thirties.

Hughes: Did the department of San Francisco have a certain amount of fame because Feingold was associated with it?

Friedman: No. Feingold was always a controversial figure, first, because he was working on flea bites, and so he had colonies of fleas. It's very easy to find a flea doctor funny. [laughs] And so he was always a controversial figure. Also his personality was such that he was controversial. He was very positive. He came to San Francisco in the early fifties and then, during the time that Jack Smillie was in Utah with that group that I mentioned earlier, I went to San Francisco and helped out with the pediatrics because there were two others there, but they were short-handed when one-third of their staff was gone.

Hughes: This was while you were still on the staff at Walnut Creek?

Friedman: No, I was still at Oakland. So it must have been the early fifties. I guess it was 1952. Feingold, at that time, was in San Francisco, and he had himself the penthouse. It was a miserable place. It was right downtown on Market Street--515 Market--and it was a loft building. I forget what was on the first two floors, but they had the third floor and this penthouse sort of thing. It was high ceilinged and there was very little cut-off from one office to the other. It was just more like partial...

Hughes: Partitions.

Friedman: Partitions, yes.

Hughes: So you had no secrets!

Friedman: There were no secrets at all. I think they had the pediatrics in the back. Because that's likely to be the noisy place, they had them cut off, more or less. But the other sections, the surgery and the medicine and so on, they were in partial partitions, both the offices and the examining rooms.

Friedman: Feingold had his place up on the top floor, and after I'd been there for awhile, he asked me if I didn't want to come have a year's residency with him and I could be an allergist. He had such a reputation at that time I said no thank you. It's a good thing I did because I would never have lasted with him. He mellowed after he had surgery for cancer. Before that he was very much the autocrat, and if you didn't please him, why, whammo! You heard about it right then and there.

Hughes: Did it make any difference that you were female?

Friedman: No. He was autocratic. It didn't matter whether you were black, white, male, female, green or purple. This was his manner. Part of his early training was in Europe, in Germany or Vienna--I forget which one--Germany I think, during the twenties. He was born in 1900 and so this was in the twenties and he went to Europe and had some training there. The German system has always been extremely autocratic, in fact even after World War II. I was in Munich one summer with a friend who was working there, and there was a German doctor that was also working in a U.S. Army hospital. They were doing research on hepatitis, and in discussing the system at that time the chief of the clinic is everything. No matter what anybody else does, it's the chief of the clinic who gets the credit for it--extremely autocratic and nobody else gets any credit for anything. It's always the chief.

Hughes: And Feingold picked up some of those characteristics?

Friedman: Oh, yes.

Hughes: Did people have trouble with the credit aspect of it, too?

Friedman: I don't know about that. I don't remember anybody ever saying anything like that, but he certainly didn't encourage any individual thinking. You did it his way, or else you didn't do it.

Hughes: Well, you said in that first exposure in the early fifties, that you decided because of his personality not to enter the program at that stage. But then later, in 1966, you <u>did</u>. Was it because he had mellowed?

Friedman: Well, I'm sure he had mellowed, but I also had mellowed. [laughs] At that time, I wouldn't have put up with somebody as autocratic as he was. He was the boss.

Hughes: Why had you mellowed, do you think?

Friedman: Well, age. [laughter]

Hughes: Were you feisty at one point?

Friedman: Oh, yes. Very. I still am too outspoken sometimes for my own good. But I was very intolerant.

Hughes: Did that have anything to do with being a woman and not wanting to be dictated to by a man?

Friedman: I don't think I was thinking of it in those terms in those days. You know there wasn't that much emphasis on women's lib. I had always done what I felt I ought to do, but I didn't put it down to women's lib or anything else. At that time it wasn't popular.

Hughes: Well, when you did decide to do the residency, did you have contact with Feingold in the teaching, instructional sense?

Friedman: Oh, yes. Oh, you really lived together. I mean, he was there all... Well, he wasn't there all the time because he went to his other clinics. He still had control of clinics in other installations.

Hughes: Kaiser installations?

Friedman: Yes. He went to Santa Clara and he went to Oakland a half day each week; I guess that was it. There was this clinic in Vallejo that was run on a part-time basis by the doctors from Oakland, where he went, where he had trained all the allergists. But it had been rather brief training and had not been really residency.

Hughes: You said that he and his diet were not very well accepted. Can you dissect out how much of that was due to his autocratic personality and how much of it was due to the fact that allergists just didn't buy his ideas on diet?

Friedman: Well, diet is, to this day, very controversial.

Hughes: Why?

Friedman: A number of reasons. For one thing, it's extremely hard to get somebody else to eat what you tell them to eat. If you don't believe me, try to put somebody on a diet. The only person who

Friedman: could put you on a diet is yourself. To convince a person that they absolutely should do it is very difficult because there's a lot of dislocation in prescribing a diet and I think it should be restricted to very serious indications, that's one thing.

The second thing is, you have to be sure you have an endpoint to what you're trying to do. If you have asthma, it's fairly easy to measure an endpoint because you can do pulmonary function studies or what have you. But if you have headaches, who is to say whether your headaches are better or worse because of the diet? And that means there's a great deal of suggestion, and you have to allow for that.

Hughes: So perhaps to sum it up, it's not scientific enough for some physicians.

Friedman: It can be done scientifically if you really want to, but it's extremely difficult. Efforts to document Feingold's ideas have not been successful. But I still think there's something in them; I've seen them effective. The percentage who improve on a diet like that is probably much less than the percentage that is put on that diet. But I think there are some who really need it.

I think acceptance depends on your own individual experience, which means that it isn't very scientific, but I think that there certainly is something in the diet. There are a lot of people who are sensitive to MSG, monosodium glutamate, and that's a little bit easier to document, perhaps, but I'm sure that people are sensitive to these things.

I'm already convinced that I'm sensitive to, in a way, milk, eggs, and I know that I get more arthritis when I eat beef, so I don't eat beef and lately even peanuts have given me more osteoarthritis. It really was quite obvious, so I had to give up peanut butter. I'm truly convinced I am; I don't think it's just psychological because I've thought about it enough. And I know when my husband has anything with milk in it, he snores much more than when he doesn't. [laughs] And his nose is much stuffier when he takes milk, but it would be very hard to convince somebody to go on a milk-free diet because he snores, don't you think?

Hughes: Yes. [laughs]

When you came out of the residency program after a year, were you interested in one aspect in particular of allergies?

Friedman: No, I don't think so.

Hughes: Have you said enough about that San Francisco period?

Friedman: You see I was there for a year, then I went to Vallejo in 1967 as the allergist there for three years and then went back to San Francisco in 1970.

Hughes: Is there anything to say now about that first period in San Francisco in 1952 that we haven't covered?

Friedman: I found that I was much more stimulated by the allergy program and a whole new field of practice than I had been by pediatrics. Pediatrics had gotten to be pretty old hat. You get awfully tired of well babies. There is a lot of pediatrics that's sheer drudgery. In fact I'd say ninety-nine percent of it is something that doesn't have much stimulation.

Hughes: Had you not realized that when you chose it as a specialty?

Friedman: Right. New Haven had some interesting things going on at the time. They were one of the first places that had penicillin during World War II.

Hughes: Do you know how that came about?

Friedman: Probably friends in high places. I really don't know. They were able to treat a few patients during World War II, but it was after that, that antibiotics became available. And then they first successfully treated a case of TB meningitis with streptomycin.

You know there were interesting things going on. Bacte-[riology] was a big part of the training there, and that was one section, that is bacteriology. Another section was the impact on metabolic diseases, infantile diarrhea and things like that. And I guess Grover Powers was just in general pediatrics, but I suppose he had all the things that were left--the inborn errors.

Hughes: Getting back to San Francisco, how big was the San Francisco staff?

Friedman: There was Ben Feingold, who was there about half-time, because he also had his research across the street, where he spent his Wednesdays.

Hughes: Was that still fleas or had he given that up?

Friedman: No, the fleas didn't work out.

Hughes: What was he looking for?

Friedman: He was looking for a method of desensitizing people to flea bites, and found that injections just made them more sensitive, so he gave that up. In the course of that, they worked out the immunology of flea bites and found that it was not immediate hypersensitivity but delayed, which is a different mechanism. It's cell-mediated as opposed to humoral; this led to some research on basic mechanisms of immunology.

Hughes: Which the department was equipped to pursue?

Friedman: Yes, there were three full-time immunologists across the street in a building that Feingold was able to get money from the government to have built. This was in the sixties, when it was much easier to get research grants and money. The building's still in use.

Hughes: Was he unusual, do you think, in having a sizeable research program?

Friedman: Oh, yes. I don't think anybody did as much research as Feingold did. Then I don't think anybody had three Ph.Ds working for him.

Hughes: The powers that be within the Kaiser system were quite willing to have him spend his time that way as long as he could pay for it?

Friedman: Well, he got enough money in grants that they supported his salary and for a full-time secretary that was in the department but was actually associated with the research.

Hughes: But there was nobody saying, "Dr. Feingold, we'd much prefer to see you in the clinic rather than in the laboratory?"

Friedman: He just set it up that way and <u>did</u> it. [laughter] Really! Jack Smillie was a more [lenient physician in chief.] He was not that rigid as some of the others like Morrie Collen. Morrie Collen did not tolerate it. In fact, he and Feingold were at each others' throats. But Jack Smillie was not that sort of person.

Hughes: So in other words, Smillie allowed it to happen?

Friedman: Yes, right. He appreciated Feingold for what he was, and wasn't upset by the fact that he was unorthodox. He felt that he had a contribution to make, and some of the others felt that he really had to document what he was trying to do. But Feingold was one who would stand up in front of everybody and say, "This is the way it is, absolutely. I tell you it's so, and so it's so." And this doesn't go [over very well]. But Feingold was always a bit of a thorn in the flesh of the administration. He was able to do things, like this research bit, and it was so astonishing to them that they had to let it go.

Hughes: Do you think there was much appreciation of the fact that this contribution could be enhancing the reputation of Kaiser, which up until that point certainly had not been known for its research contributions?

Friedman: Well, I'm afraid that they thought that it was notoriety rather than fame. The Feingold diet has always been controversial. It's just like him as he's always been. There's some good in it but there are other aspects also.

Hughes: Was he making a direct correlation between the immunological findings in the laboratory and applying those to clinic patients?

Friedman: No, to this day it's not that direct.

Allergist at Kaiser Foundation Hospital, Vallejo, 1967-1970

Hughes: From 1967 until 1970 you were at Vallejo.

Friedman: Hmm-hmm.

Hughes: Would you tell me how that transition occurred?

Friedman: That was a place that needed an allergist. They expanded from two and a half days a week to five.

Hughes: You mean the allergy service?

Friedman: Yes, the allergy service had been half-time and they went full-time. They had a lot of allergy there.

Hughes: How many allergists were there?

Friedman: One.

Hughes: You.

Friedman: I mean, there was half a one and then there was one. I continued to try to come down to San Francisco one day a week to try to keep in contact with some stimulation in San Francisco, which was a good idea because otherwise if you're off by yourself, why you can have your own ideas, but it's hard to test them out and treat them. And one of the things that was nice about San Francisco was that you did have a chance to talk to the others on the staff.

But it's extremely difficult in allergy and allergy treatments to have a firm scientific basis because what individuals do has such an important bearing. You know, if you smoke and irritate all your membranes very obviously your symptoms are going to be there no matter what else you do. If you have five dogs and three cats and you're sensitive to dander, you're going to have problems no matter how you're treated for your hayfever. Allergy, more than almost anything else, gets into what you do in your everyday life. To document all these things is very difficult. If you live in a moldy house, which can certainly happen in San Francisco, you may have terrible problems that nobody can solve until you get out of that house.

So there are so many factors that are parts of everyday living that can affect the outcome of your scientific endeavors. But it's extremely difficult to document these things. That's one reason why diets are in disfavor. One is the other things that go with them, like your environment, and the second thing is the difficulty of putting people on a diet and having them stay on the diet. The third thing is that I think a lot of doctors don't understand what a diet is.

Hughes: It's not something that's heavily stressed in medical school, is it?

Friedman: Absolutely not.

Hughes: I haven't heard much of anything about the Vallejo hospital except for the Kabat Kaiser Rehabilitation Institute which Dr. Keene talked a little bit about, the troubles with Kabat.* Kabat was long since gone, wasn't he?

Friedman: Yes, he was long since gone when I was there. But on the other hand, the Rehab was very important and is, I'm sure, to this day. There was a physiotherapist, Maggie Knott, who had evolved a system of using ice packs as opposed to using heat for her patients. They used quantities of ice. Her system of doing this was enough to give her worldwide acclaim and recognition, and people came from Scandinavia and places like that to have a year there.

Hughes: Was the ice pack treatment used generally?

Friedman: Oh, it was her own idea.

Hughes: No, but I mean, were there specific complaints?

Friedman: Well, anything that needed movement was better off if packed in ice first. It makes good sense because it decreases the blood supply, decreases the swelling, and it also numbs. I think nowadays people do tend to pack things in ice, but Maggie was the first one. These were patients with all sorts of things, including after strokes and after hip surgery, and that sort of thing.

Hughes: Did the rehabilitation institute overshadow the other components of the hospital?

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*Clifford H. Keene: The History of the Kaiser Permanente Medical Care Program, an oral history interview conducted in 1985, Regional Oral History Office, The Bancroft Library, University of California, 1986, 57-59.

Friedman: I don't know that it overshadowed it but it certainly was a very definite part of it and one of the important parts of it. I think that the new hospital which was built has recognized that and gave them good facilities there.

There was a hospital built in, what, about '72 or '73? The reason we built there rather than Napa was that Solano County did not have hospital facilities that were adequate whereas Napa County had quite a few--I think I mentioned this before--so they could get more government money for building a hospital in Solano County.

It has been a big boost for the staff at the hospital there, too. [The old hospital] must have been about a block long, it seems to me. There was a wide central corridor and periodically on either side were like a sow and piglets, wards came out on either side. It took you so long to get from one end to the other. [laughs]

Hughes: You had mentioned earlier that morale was low. Was that the reason?

Friedman: Yes, there was low morale because of very poor facilities and a very limited group to practice on because most of the people there were connected with the shipyard. That's the only industry in Vallejo. It's a somewhat depressing group.

Hughes: Was that pulling from the same sort of socioeconomic group that the shipyard population came from in the war?

Friedman: It could be, yes.

Hughes: They would have a sick group, too, I understand.

Friedman: During the war it was different because if they could move they could be hired. The ones who stayed on were not the sick ones, but it was the same basic group that they came from. But then they were twenty years along or more and so they were more Californianized but still the same socioeconomic group.

Hughes: I wonder if the distance from the San Francisco Bay Area may have made a difference, too.

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Friedman: You're referring to the distance of Vallejo from the center of things? Well, I think I've said that before, too. I think the farther out you get from San Francisco the less academic your medicine is and all that and the more empirical, so to speak, pragmatic.

Hughes: What was the medical staff in Vallejo in 1967?

Friedman: There was a fairly complete medical staff. There were about twelve in medicine, as I recall. There were three or four surgeons and the head of the installation was and is an obstetrician, Paul Stange. There must have been a half a dozen in Ob-Gyn. Then Sedgwick Mead was the chief in rehab. The one who's the chief now is going to give us a talk on Saturday and that's Howard Liebgold. Who else? There was a dermatologist. There was an eye and ENT man, who was an eastern Indian, who was very autocratic, also. Hard to get along with. [laughs] There was a urologist that occasioned the big suit that I hope has been settled. It was supposed to be settled, but the whole partnership was sued eventually.

Hughes: After you left, you mean?

Friedman: Yes, this happened rather recently, maybe five years ago. But the suit is about to be settled in favor of Kaiser. I suspect it was just some lawyers making money. As a matter of fact, the urologist has since committed suicide, so he's out of it. There was a psychiatrist, a black.

Hughes: Was a black physician acceptable at that time? You remember you told me the story of the early days.

Friedman: This was acceptable. Who else? I can't think.

Hughes: What was your impression of the quality of medical care compared to the other hospitals where you've been?

Friedman: Well, I thought it was not as good as San Francisco, probably not as good as Oakland which has always managed to give very good care but, I think, under more difficult circumstances than any other installation. I've always felt they had the hardest rules and tried hard to give good care.

Hughes: What do you mean, the hardest rules?

Friedman: The doctors got less recognition for any attempts to do anything other than just see patients.

Hughes: Why do you think?

Friedman: I don't know. I couldn't say.

Hughes: You're talking about recognition from outside the hospital?

Friedman: No, I'm talking about inside and from the organization itself. I always felt that they were more put upon. Well, they have a good installation now as far as their hospital's concerned. They have plenty of room. They have several floors still to expand to which is certainly more than you can say for San Francisco which has ninety-five percent occupancy almost all year around.

I think San Francisco is much more academically oriented and with much more liberality as time off for appointments for this and that. They arrange their schedules so that it is possible, although you have to do it in the context of your educational leave if you don't work full-time or whatever. But, nonetheless, you still get enough time to do quite a bit that's educational, much more so than was ever considered feasible in Oakland. In Oakland it was always see your patients first and then if you still have enough energy, you can do something else.

Hughes: You spoke of Morrie Collen last time as developing some sort of scheme where a physician was supposed to see a certain number of patients per hour. Did you ever see that system practiced in any of the other hospitals?

Friedman: I know that, for instance, Antioch--although this is heresay but I'm sure my source was accurate--had a very rigid, army-type schedule because they had an administrator that came from the army. But this was after I was there. So, yes, it has been practiced in other installations.

But Morrie used to say, "You're paid to see patients, and I expect you to see patients all during the clinic hours." If you have patients in the hospital, those are not the ones that you get paid for, you get paid for seeing them in the clinic. So you see your hospital patients on your own time. You see them before or after but you don't take time off from your clinic patients. That's what I call keeping your nose to the grindstone.

Hughes: Did the physicians kowtow to that?

Friedman: They had to, yes.

Hughes: I read that as late as 1960, and perhaps even later, physicians at Vallejo were denied membership in the Solano County Medical Society.

Friedman: Oh, really? I don't know about that. I never even applied because when it would have been time for me to apply for the county medical society they were not taking Kaiser physicians, so I never applied. I haven't to this day, although they now welcome us.

Hughes: You mean in the late sixties they still were not accepting Kaiser physicians?

Friedman: I think by then you could be accepted, but in the fifties certainly not.

Hughes: Were you aware of antagonism in the community towards the Kaiser system?

Friedman: Well, I never got into the community of Vallejo that much.

Hughes: There wasn't an obvious band of local physicians, I guess, who might have had their noses bent out of shape?

Friedman: No, the practice in Vallejo was not great. There was one hospital. I don't know. What I heard about the outside practice was not very good. Although I would say that the Kaiser at Vallejo did not practice perhaps as good medicine as San Francisco in the sense of being open to new ideas, I think that they practiced more than adequate medicine as compared to the rest of the community.

Allergist at Kaiser Foundation Hospital, San Francisco, 1970-1985

Hughes: Why did you decide to return to San Francisco?

Friedman: Well, I liked it there. [laughs] I liked the place at large, and I liked the way it was run, and I enjoyed having colleagues. I wanted to go back. By that time, I guess, Feingold had had

Friedman: his surgery. Well, at least that was the early seventies. He had surgery twice in a year for two separate gastrointestinal malignancies. He worked for another good ten years. I guess you'd call it cured because he didn't have any recurrence but he had lost his... Well, he had mellowed. He relaxed quite a bit. He stopped driving himself and everybody else but he was still the boss. As long as he was there he was the boss.

But after the early seventies then Don German was the chief of the clinic. He was a fellow resident when I was a resident; he and I went through together. A very good person and really has done a lot with his training. Kept himself going and has kept the allergy training program going.

Hughes: How about the research?

Friedman: The research, Cliff Keene said, that's got to go. He said Ben Feingold was too old to have it.

Hughes: Now why did Cliff Keene say that?

Friedman: I don't know. You know, I'd hear Feingold's end of it and not Cliff Keene's. I couldn't tell you why he said that, but that was his excuse. Feingold, by that time, I think, was seventy so he was about a year too old. So he dismantled it and that was too bad because it was a lot of expensive equipment that got taken elsewhere that might have been used for research.

Hughes: Had the Feingold diet gotten far enough along that the disruption was not a serious impediment?

Friedman: Yes, but this research had taken directions that would have made it worthwhile to continue with it. It had changed from fleas, [laughs] to... The people who are doing it, one of them went to Davis and his work was on the number of amino acid residues that are necessary for immunogenicity which I think he probably continued with. Another one of them went to medical school and got his M.D. I think he's practicing; I don't know. But he practiced allergy for a while; I don't know what he finally did. The third one, I don't know what's happened to her. She probably went off at a tangent. For instance, at one point she and her husband took their two little boys and sailed to England in a sailboat. [laughs]

Hughes: That's a tangent. [laughs] So that was the end of the immunological research?

Friedman: That's right.

Hughes: All right, how about a typical day of medical practice in San Francisco?

Friedman: Okay. The thing that was most noticeable about the day was that everything started and when it stopped everything stopped. In other words, you went at full speed from the time you started until the time you stopped, but when you stopped, you stopped. So whatever went on in the course of the day was manageable because there was a definite end to it.

Hughes: You are contrasting this with pediatrics?

Friedman: Well, with some parts of pediatrics. Yes, but that's always been true in the Kaiser setup. You know, when five o'clock comes, 5:30 or whatever, your cutoff time comes.

Hughes: I was thinking of the calls.

Friedman: Oh, the telephone calls. Yes, I found that unmanageable, but I always found a day with a definite end manageable.

The typical schedule in San Francisco was never that onerous, really. It was fifteen minute appointments but probably three an hour rather than four an hour so there was some time where you could catch up. There was also drop-in which could be quite a few patients. You might find yourself very, very busy, but never impossibly so. I found the days in San Francisco were possible. The worst part of all, of course, is the commute which was a terrible drag. There's no easy way to get from here [Orinda]. Even if you take BART [Bay Area Rapid Transit] you still have to take that terrible Geary Street bus.

Hughes: Is that how you did it?

Friedman: No, I drove.

Although we had some patients who were hospitalized with asthma or with other--well, usually with asthma--we were not directly responsible for them because our residents couldn't be freed up to take care of them. So they were all admitted to the medical and pediatric services. We weren't directly responsible for them, which was okay.

Hughes: You didn't mind another physician coming in?

Friedman: No. In fact, the few very serious pediatric cases, I was glad to have somebody who was able to take care of them.

Hughes: But you were seeing all ages, were you not?

Friedman: Oh, yes. I was over there last week and saw one of my older patients who just turned eighty-nine. [laughs] She didn't get her asthma until she was in her late seventies.

Hughes: Was Jack Smillie there?

Friedman: Well, he was there when I was a resident but I think he had already left by the time I came back to the staff in 1970.

Hughes: Who took his place?

Friedman: First it was Harry--he's in the administration there...

Hughes: Caulfield?

Friedman: Caulfield, right. Then he was there for just a few years. One was Bruce Sams until he became the big cheese* and then it was Bob Kennedy.

Hughes: Did these changes in the throne room, so to speak, make much difference to you when you were there?

Friedman: Well, Bruce Sams was PIC for a short time, not more than a year, a year and a half. So he didn't really have that much impact because pretty soon it was obvious that he was not going to stay there.

Hughes: You mean because he was moving up?

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*Dr. Sams is the present executive director of the board of directors of the Permanente Medical Group.

Friedman: Yes. Was he before Harry? Well, it must have been Bruce Sams first. Anyhow, neither Harry nor Bruce was there long enough to make that much impact. I hadn't been very fond of Bob Kennedy. I think he's somebody who's been pushed beyond his capability. I think he's probably a very good physician but as far as being a good administrator, I don't think he has any warmth to his personality or any feeling for anything except figures. He's certainly so far from Jack Smillie or Harry Caulfield who was a very personable person. Have you met him?

Hughes: Yes, I have.

Friedman: Don't you think he's a nice person?

Hughes: Yes, I do.

Friedman: But I can't say much for Kennedy.

I think that their assistant PIC who is a woman, Joan Symons, has much more personality and would probably be a better PIC than Kennedy.*

I like San Francisco. The composition of the clinic was interesting. There was a great deal of help. There were five nurses and three receptionists and anywhere from three to five testers, who were technicians, and a clinic manager. Now, originally, Feingold had set it up to make his own antigens, and they made their own antigens until probably in the seventies.

Hughes: Because it was cheaper?

Friedman: Well, I don't think it was cheaper. I think it was better. He had more control over what went into them, and his antigens were good. They were effective antigens. One of the big problems with allergies, also the antigens, is they haven't been standardized because until recently there's been no good method of standardizing them. They can either mix them up

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*As of 1986, Dr. Symons is PIC in San Francisco.

Friedman: weight by volume, so much weight for so much volume, or they can use what they call PNU, protein nitrogen units, which probably have very little to do with allergenicity. Because there's more protein doesn't have to mean that it's protein that causes allergy or even antigenic reaction. For instance, serum albumen is not antigenic.

Hughes: Is there a way of standardizing them now?

Friedman: There are suggestions as to how to do it. Some of that is through using as units what happens on a Rast reaction, which is an in vitro reaction involving IGE. But they are gradually standardizing them. The difficulty still is that they would probably have to make a standard for each individual item so that they have one for timothy, a kind of grass, one for ragweed, which is a common allergy in the Midwest and East but not on the West Coast, and cat dander. No, that's not right. They have one for house dust, but there are an awful lot of other things. Even other grasses, although all the pollens look so similar they are not necessarily antigenically the same. I think there's one for birch, which is a very significant allergen in Scandinavia.

Hughes: Now when you say there're not allergenically the same, what do you mean?

Friedman: Idiotypes. [laughs] Not idiots, they're different idiotypes. One thing that I found hard when I first started doing immunology was the idea that if you had one antigen... For instance, if you immunize somebody against measles, you give them one injection of antigen. Well, they don't make one antibody. There're all sorts of different parts of the molecule that are antigenic that they can react to. This to me was a hard idea to get through, but I finally did. The same is true of any other kind of antigen. Now, measles vaccine is a very complicated substance. Some of these antigens for the pollens are probably much simpler, but none of them is just one little single substance. For instance, an amino acid group of, I think, two or three, that's three amino acids--amino acids are the building blocks of the protein--is enough to be antigenic. Less than that apparently is not.

Even the simplest antigen probably has hundreds, because they have to have a certain size. They have to be hooked onto something to give them enough body to react. But they

Friedman: can be antigenic in a group as small as that. So when you have these bigger ones, you can have all sorts of antigens, and to sort out which is going to be the cause of allergies or any other kind of reaction is not that easy.

I forget how I got off on that. Oh, I was telling you about the organization of the clinic and the fact that they had made their own antigens. So you asked me why they did it, whether it was cheaper, and I said that I didn't think so but it was better because they had more control. The way they controlled them was simply testing new batches on patients who had previously been tested so that you could compare one batch with another batch by biological reactions.

Hughes: Was this unusual practice? Were most large clinics not making their own?

Friedman: That's right, mostly not. I can only think of about three but there's probably quite a few more places where antigens are made now.

Hughes: The alternative, of course, being to buy them.

Friedman: There are companies that make them. There is Berkeley Biological...

Hughes: When did that industry arise? From the little I know about the so-called biologicals, they are a less sure form of investment for a pharmaceutical company. There tend to be more problems, legal and otherwise, with biological products.

Friedman: I don't know, but it's been around for a long, long time.

Hughes: Not prewar, though, was it?

Friedman: Pre-World War II? I think so. Allergy in general, of course, has blossomed along with other specialties. Certainly, there were a lot fewer allergists, and I guess many of them were doing their own thing, like Rowe, doing more with diet than anything else, although he used all methods of treatment, including corticosteroids.

Hughes: But there was at least some emphasis on diet. Do you think that was partly due to the fact that it was simply hard to get alternatives? Could you order antigens to your heart's content?

Friedman: You could; you got them from the same company, but the standarization was not so good.

When did they start? They were available in World War II.

[Machine failure. Short segment not taped.]

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Hughes: You mean, this was looked upon as a component of Feingold's research program?

Friedman: Yes. He had set it up originally, and when he was getting old, he decided to discontinue it.

Hughes: He hadn't groomed his successor?

Friedman: Well, Don German was named as his successor. You see, Don was younger than a number of the people who were in the outlying clinics. Like Dick Brahm at San Rafael, he was one of the ones on the staff when I was first in San Francisco in '60. The clinic just stopped being Feingold's clinic, although many of them had continued the same method of practice. But they changed their antigens and they've done this and that.

Hughes: Would Don German have liked to have been able to continue that research program?

Friedman: I don't think he had any choice. I don't think he was allowed to make that choice. I don't know whether he would or not. It would have taken somebody with a lot of clout, like Feingold who said, "I have clout because I have clout." It would have taken somebody with that kind of personality to have given direction to the research program. The people who were in it were far enough along, and they had enough publications and what have you, that they weren't going to take advice and direction from somebody unless they were sure it was appropriate.

Ancillary Services

Hughes: Well, we've touched on a lot of things that are associated with prepaid group medicine, but one that we haven't touched upon, in specific anyway, is teamwork. Do you have any

Hughes: comments to make? I mean teamwork in a broader sense than just the physicians. I'm talking about the nursing services, pharmaceutical services, all the ancillary services. Do you think that there was a feeling of cohesion more than would have been true in non-Kaiser situations?

Friedman: Well, I've had so little experience in non-Kaiser situations. [laughs] I think the pharmacists are fine. I think that they are excellent and certainly a part of the team. I think that they had been right along. Julian Weiss was a pharmacist in Oakland and I guess he was responsible for setting a lot of the prepackaging things that they were able to do. But it seems to me that there have been a lot of dissention and strikes and things of that sort through the years.

Hughes: Beginning way back?

Friedman: The first strike that I recall was when I was still at Vallejo, so that was before 1970. Then there've been a couple since I've been in San Francisco. It's been the non-nurses, the LVNs [licensed vocational nurses], and housekeeping, and things like that, that have been involved in the strikes. But then the lab people there and the optometrists were on strike also. So I don't have a feeling that they are that cohesive. I have a feeling that each group is out for making as much as they possibly can and not feeling themselves as part of the team, perhaps, because if they did they really wouldn't be out striking. There have been suggestions that it would be a good idea to have the various installations be autonomous. I think that that would not be a good idea.

Hughes: Henry Kaiser had the idea back in the fifties that each medical center should have its autonomous medical group.

Friedman: Yes.

Hughes: The physicians didn't like that. [laughs]

Friedman: No, there's some autonomy but I don't think that they should each be a separate group, broken off from the others.

The Physician-Administration Partnership

Hughes: One of the principal characteristics of the Kaiser medical care system is the unique partnership between physicians and administration. Do you have any comment on how that works?

Friedman: As I say, I haven't had that much experience in non-Kaiser situations. But I suppose you're saying that there are other administrations that are much more from the outside? If you have a profit-making hospital, the new type hospital that makes a profit, I should think that would be perhaps more difficult to get along with.

[Rambling discussion of organization of non-Kaiser health maintenance organizations omitted.]

Hughes: The fact that you have difficulty with the question suggests that to a practicing physician the unique structure of the Kaiser medicare program, which historians make a lot of, doesn't make that much difference when it comes down to the practice of medicine.

Friedman: The day-to-day practice, yes. Well, perhaps, we just don't realize that it makes that much difference.

Hughes: And perhaps you have the added disadvantage in this particular case of not knowing very much about what other medical care systems are like.

Friedman: Right. I've done all my practicing within the system. I don't think that the average practicing Kaiser doctor feels that the system, the hierarchy, is very responsive to the individual need of the physician.

Hughes: Are you starting with physician in chief and moving down? Would you say that's the hierarchy?

Friedman: I guess so, with various committees and what have you. You see, in San Francisco and probably the other places, the PIC has meetings every week with the chiefs of staff. I would assume that they were the ones who have the input to the physician in chief, so the hierarchy really starts with the chief of staff and then goes to the physician in chief.

Hughes: Do you have any feeling about where that system breaks down?

Friedman: I think it's just size. I think that that has a lot to do with it. You know, you can't take care of every individual; they have to conform to some extent.

Hughes: Yet when you get to the higher administrative level, you're not really dealing with that many people. In this case, we're dealing with just the northern California Permanente

Hughes: group, so you're only dealing with a small handful of physicians in chief who then should have a direct line to the executive committee of the Permanente Medical Group.*

Friedman: Well, they're part of the executive committee--I mean, they meet with the executive committee. There also is an elected representative.

Hughes: So, on paper, anyway, it looks as though...

Friedman: ...there's a lot of input, yes.

Hughes: But you don't think so?

Friedman: Well, I think the mechanism exists for the input, and I think that maybe it's my fault that I don't feel that there is that much input because I never really tried that hard.

Hughes: Your chiefs were never tracking you down, trying to get your opinion somehow?

Friedman: Oh, I was always very willing to give them my opinion whether they wanted it or not. [laughs]

Hughes: But you don't feel that they did much with it?

Friedman: Well, they may not have agreed. [laughs]

Hughes: Well, do you want to add anything?

Friedman: The only thing I would add is if I have it to do over again, at this point to say to myself, "What do you want to do with your life?", I'm not sure I would go into medicine, because I think the way physicians are regarded today is such that I don't think I'd like to be one. [laughs] I think they are no longer considered to be good, kind people. I always felt that physicians were good, kind people. Nowadays with the vast number of lawyers we have and the number of suits and

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*The executive committee is now called the board of directors.

Friedman: things like that, and also the media would just love to find something wrong with somebody, I think that the image of the physician has changed so that I don't think that I would consider it worth all the continual work and effort that goes into trying to be a good physician. I don't think that's appreciated.

Hughes: Do you think any of the problem is due to changes in physicians' attitudes?

Friedman: [pause] What are you thinking of?

Hughes: Well, the image of the materialistic, unfeeling physician, the one who's just after the almighty dollar and doesn't have the patient's interest at heart.

Friedman: Well, I haven't met very many of those.

Hughes: I haven't either. [laughter]

Friedman: I suspect there certainly are some, and you always find a few who are out to get the system and manipulate it for their own benefit. But, I think in general, when you put a doctor and a patient together, in my experience, the doctor's going to do what's better for the patient rather than what's going to make money for him.

Strengths and Weaknesses of the Medical Program

Hughes: Do you think the Kaiser system helped there?

Friedman: I think so because you never have to worry about having enough patients. One other good thing is that you never feel you're in competition with the other members of your department or whatever for patients because there are always more patients than will go around. You're not trying to get more patients to make more money for yourself, so you're not attracting them by cutting your standards or anything else. I think that's one thing that's good, that you don't have to worry about having enough patients. You always have more than enough.

Hughes: What about problems in the Kaiser Permanente system?

Friedman: Well, I think the problem is what you've mentioned: that it's grown so large it's become impersonal. I think certainly as a new patient to go into a Kaiser system is very difficult because it's so big. But then it's hard to get into social security, too, and everything else, just because there are so many people that it's much more difficult to do anything that you really want to do.

I don't think the accusation of assembly line medicine or anything else, I don't think that's valid. I think if you don't have a serious medical problem, you very often get tossed around. I think if you have psychiatric problems rather than physical problems, you very often get tossed around.

Hughes: Another criticism I've heard is that Kaiser physicians--of course these are broad generalities--put less emphasis on the psychiatric aspects of medicine than on the physical. Would you agree?

Friedman: Oh, I would certainly agree with that.

Hughes: Why is that?

Friedman: I think mostly because you can't do much about it. I think you can't change a person's situation very much.

Hughes: But that's true anywhere. Why should Kaiser physicians be charged with de-emphasis of psychiatry?

Friedman: I don't know that they do it anymore than anybody else, but as far as trying to deal with a psychiatric problem, it's very hard to divorce psychiatric from sociological problems. As a doctor, there's not that much you can do about sociological problems directly for an individual. But I don't know why it should be more with Kaiser except that they're not trying to make money [laughs] and continue to receive people that they can't really help.

Hughes: I remind you, this is an accusation. It doesn't mean that it's grounded in reality.

Friedman: No, I think it may be. In fact, I wouldn't be surprised if that were the case because it's less personal and more disease oriented.

Hughes: Than non-Kaiser Permanente practice?

Friedman: Oh, I don't know about that.

Hughes: You're making some sort of comparison; I'm wondering of what.

Friedman: Well, it's disease oriented and I think all medicine is. I don't think it's more so than on the outside, but I think medicine in general is disease oriented as opposed to health oriented. Sid always wanted to have something [that would predict future health problems in individuals]. You know, the great failure of the multiphasic examination was that they could not identify things that would make a difference; things that would predict a difference in health.*

Women Physicians

Hughes: Dr. Friedman, we've talked about your role as a woman in medicine. Perhaps you could say something in a summary way?

Friedman: Well, briefly, I think that the problems of being a woman in medicine were not recognized much by the administration until rather recently. I think that they still, perhaps, are not recognized as being worth paying any attention to. If the women weren't able to keep up with the men, then that was too bad. The fact that they had other obligations didn't make any difference.

Hughes: I'm interested in their role, if any, in the administration.

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*Multiphasic health screening examinations were instituted at the Oakland and San Francisco hospitals in the early 1950s. See Morris F. Collen: A History of the Kaiser Permanente Medical Care Program, an oral history interview conducted in 1986, Regional Oral History Office, The Bancroft Library, University of California at Berkeley, 1987.

Friedman: I'm told that there was quite a push for women's lib. The organization really did not make any effort to encourage women to be heads of departments or go into administration. I certainly never felt that they felt it was a good thing to have a woman in a position of authority. There was a more male chauvinistic approach until recently. I think it's now more in terms of lip service than perhaps true appreciation of what a woman can bring and what a man can't.

Hughes: They're more interested in the public image, so to speak.

Friedman: I think so.

Hughes: Yet from what you've said earlier, even in the early days a competent woman physician didn't have a tremendous battle as long as she was content to remain as a practicing physician without greater aspiration.

Friedman: Yes, that's true.

Hughes: I thank you.

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*Unless otherwise specified, all place names are in California.
KPMCP refers to the Kaiser Permanente Medical Care Program.

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